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Ontario

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND  
RELATED MATTERS.

Hearing held  
8th floor  
180 Dundas Street West  
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamak, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence  
for

30 APRIL 1984

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN  
AND RELATED MATTERS.

Hearing held on the 8th Floor,  
180 Dundas Street West, Toronto,  
Ontario, on Monday, the 30th  
day of April, 1984.

- - - - -

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner  
THOMAS MILLAR - Administrator  
MURRAY R. ELLIOT - Registrar

- - - - -

APPEARANCES:

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	Children
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	and 35 Registered Nurses at
	The Hospital for Sick Children

(Cont'd) ..








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B. KNAZAN	Counsel for Mrs. M. Christie - R.N.A.
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J. SHINEHOFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai).



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E R R A T A

	<u>Page No.</u>	<u>Line No.</u>	<u>Discrepancy</u>
1			
2			
3	- to <u>VOLUME 129</u>		
4	193	11	"death" should read "deaths"
5	204	23	"hepzic" should read "hipscyz"
6	- to <u>VOLUME 130</u>		
7	271	23	"way or surgery" should read "way of surgery"
8	- to <u>VOLUME 132</u>		
9	546	2, 11	"prohibitive" should read "probative"
10	547	5, 19	" " "
11	574	21	"illicit" should read "elicit"
12	- to <u>VOLUME 133</u>		
13	739	2	"couldn't do the digs.?" should read "could do the digs.?"
14	- to <u>VOLUME 134</u>		
15	896	22	"January 25th" should read "March 25th".
16	- to <u>VOLUME 135</u>		
17	1185	21	"Bouche" should read "Bucci".
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EMT.jc  
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--- Upon commencing at 10:00 a.m.

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PHYLLIS TRAYNER, Resumed

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THE COMMISSIONER: Mr. Roland, are  
you next?

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MR. ROLAND: Mr. Commissioner, before  
I begin my cross-examination of Mrs. Trayner there  
are some documents I would like to file with you.

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I first propose to file with you a  
booklet of documents and exhibits and so on that was







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provided to each of the participants in that  
conference for their review. I would ask that that  
be the next exhibit.

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THE COMMISSIONER: Yes. What number?

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398?

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--- EXHIBIT NO. 398: Booklet of exhibits and  
documents referred to.

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MR. ROLAND: As a result of the  
conference which took one day, two documents were  
prepared. One, minutes of a meeting which were  
kept by Mr. Richard Batty who attended on behalf of  
The Hospital for Sick Children, and as well, a  
document prepared by Dr. Gilbert Hill with the  
concurrence of all the participants of that  
conference. The Chairman of the conference, Dr. Hill,  
is an employee at the Hospital. The rest of the  
participants in the conference weren't members of  
the Hospital staff.

This document prepared by Dr. Hill,  
as well as the minutes, were circulated to all of the  
participants for their concurrence, and we have just  
recently had their concurrence with respect to both  
documents.

I propose to file each of them as  
the next two exhibits.





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THE COMMISSIONER: That will be Exhibit 399 for the minutes and 400 for Dr. Hill's report.

--- EXHIBIT NO. 399: Minutes of a meeting kept by Mr. Richard Batty, referred to.

--- EXHIBIT NO. 400: Document entitled: "Digoxin Review Panel".

THE COMMISSIONER: Do we take time off to read it or are you going to tell us what it says?

MR. ROLAND: I think it is self-explanatory. I have circulated it to everybody.

I wasn't at the conferences so I can't really from anything I know enlarge upon it.

The conclusion basically at the end of the two documents is that the panel felt or the group felt that there was no useful purpose in conducting any further tests on the material available in order to detect digoxin, and that they were satisfied that the procedures followed by Mr. Cimbura and the Centre of Forensic Sciences were satisfactory in detecting digoxin with respect to the tests that he did do by way of RIA and HPLC.

THE COMMISSIONER: Yes. All right.  
Thank you.

Then I will just ask everybody if







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they would read it at their leisure. We will just have to accept what Mr. Roland says. If it turns out he has been deceiving us no doubt we will take the appropriate measures by calling people. But in the meantime I think we can - well, I will put mine away anyway --

MR. ROLAND: Yes.

THE COMMISSIONER: -- and you can proceed with the cross-examination.

MR. ROLAND: The second matter which I wish to raise for the purpose of filing some documents arises out of the testimony of Mrs. Trayner last week.

You will recall that she indicated in her testimony that there was a possibility that perhaps a doctor was responsible for administering doses, unprescribed doses of digoxin to various children, and she was asked about that in some detail by Mr. Hunt and Mr. Percival. Neither of them referred to two documents that have already been filed before you showing the on-call schedule for Fellows and for ward chiefs. Those two documents are Exhibit 179 and 177.

On reviewing the exhibits that have been filed before you to date we determined that the







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on-call schedule for residents has not been filed  
and we therefore propose to file that schedule as  
the next exhibit.

THE COMMISSIONER: All right. Thank you.  
Residents on-call schedule, and that will be 401.

--- EXHIBIT NO. 401: Residents on-call schedule.

MR. ROLAND: And for everybody's  
assistance Miss Thomson has prepared a document  
which I propose to put in as the next exhibit and  
it shows you will see in the left hand column the  
patients which are the 29 infants that we are  
concerned with as the suspicious deaths reported by  
the Centers for Disease Control, and it sets out in  
the next columns the on-call schedules for residents,  
Fellows and ward chiefs.

Those names are taken in each of the  
respective columns from the two exhibits that have  
been filed and with respect to the residents the  
exhibits that I filed this morning.

On the last column Miss Thomson has  
also reviewed the charts in order to determine what  
doctors are noted in the charts being present at the  
time of arrest.

THE COMMISSIONER: All right. Exhibit  
402.





A.6

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--- EXHIBIT NO. 402: Document prepared by  
Ms. M. Thomson showing  
schedule of physicians.

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THE COMMISSIONER: All right.

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CROSS-EXAMINATION BY MR. ROLAND:

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Q Now, Mrs. Trayner, with respect  
to the involvement or the possible involvement of  
doctors in these deaths I would like to ask you a  
few questions concerning that matter.

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10

First of all as I understand you  
agreed with Mr. Percival last week that there are  
basically three categories of doctors at the Hospital:  
the residents, the Fellows and the staff cardiologists?

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12

13

A. Right.

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Q Is that right? And we have  
now put in all three on-call schedules for each of  
those three categories of doctors, and we know and I  
gather you know from reading the Centers for Disease  
Control Report that they found no correlation between  
the doctors' schedules and thus their presence as  
scheduled and the deaths, and I gather from your  
reading of the report from the Centers for Disease  
Control you don't disagree with that conclusion that  
there is no correlation, at least from the schedules  
of doctors and the deaths?

24

25







A.7

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A. Right.

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Q. And you have also told

4

Mr. Percival last week that from your review of the charts and from your own recollection you were unable to tell us any correlation between any individual doctor and a number of deaths?

5

6

A. Right.

7

Q. Yes. I understand that the

8

on-call schedules for residents, Fellows and the ward chiefs, staff cardiologists assigned to duties as required at night for a one-month period are posted or were posted at the nursing station throughout the period in question?

9

10

11

12

A. Yes.

13

Q. As I understand it they were

14

posted there for the purpose of the head nurse and the team leaders and the various nurses knowing what doctors were on schedule at any given time?

15

16

A. Right.

17

Q. Those doctors I gather would

18

be the ones that would be called if needed after midnight?

19

20

A. Right.

21

Q. And let's deal first with the

22

residents. As I understand it from your evidence

23

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A.8

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last week when asked by Mr. Percival you indicated that residents generally after midnight are not on the ward on a regular basis but are sleeping somewhere in the Hospital and are on call?

6

A. That's right.

7

8

Q. And when needed they would be called by you or by another member of your team to the ward?

9

A. Right.

10

11

Q. And they are on call I gather for the entire ward; that is, 4A and 4B?

12

A. That is right.

13

14

Q. And you would know which resident to call to ask for from your schedule?

15

A. Yes.

16

17

18

19

Q. And the resident would then attend as called on the ward and I take it would speak - in general terms the practice would be for him to speak to the nurse who called him to find out what was needed of him?

20

A. Yes.

21

22

Q. And then to visit the baby that needed attention?

23

A. Yes.

24

25

Q. And I gather from your evidence





A.9

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as well from time to time residents on call not on

3

Ward 4A and 4B but on some other ward may pass

4

through Ward 4A and 4B?

5

A. Yes.

6

Q. And that would be on their way

to a call on some other ward?

7

A. Yes.

8

Q. Or coming back from a call

9

back to where they sleep?

10

A. Yes.

11

Q. And that you would see those

12

residents from time to time walking through the ward?

13

A. That's correct.

14

Q. It would be unusual I take it

15

for any one of those residents to go into any of the  
infant rooms?

16

A. Not unusual if they had known

17

the child previously; if they were on a month's tour

18

and the baby was still there, they may want to pop

19

in just to see how the baby was or what the progress

20

was.

21

22

23

24

25







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Q. That would be only I take it  
in the situation where they just finished a tour on  
Ward 4A and B.

4

5

A. Correct, or if they knew that  
a child was re-admitted to the Hospital?

6

7

Q. Yes.

8

A. When they had been on maybe  
three, four months ago and was re-admitted.

9

10

Q. I see. And if they, on going  
through the ward on their way either to - I take it  
they wouldn't generally stop on their way to a call  
because there would be some urgency in going to the  
call?

11

12

13

A. That's correct.

14

15

Q. So, the occasion that they  
might stop in is on the way back to their sleeping  
quarters?

16

17

A. Right.

18

19

Q. Yes. And if you or another  
nurse saw a resident go into a room knowing that he's  
not the scheduled resident on duty, I take it you  
would want to know what he was doing and you would  
follow him into the room or ask him what he was doing  
or determine if you could be of any assistance to him?

20

21

22

23

A. I may have. If I knew there

24

25

B  
BB/cr





1  
2 was a nurse in the room or I knew that there was a  
3 nurse in the room then I probably would have left it.

4 Q. Yes.

5 A. Left it for her to see what he  
6 wanted.

7 Q. But I take it you or some other  
8 nurse would be curious what after midnight a resident  
9 was doing going in the baby's room when that resident  
10 wasn't scheduled on duty. You would have a curiosity  
11 about that?

12 A. Well, some of the residents  
13 would just come down for a cup of coffee, they knew  
14 the nurses.

15 Q. No, I am not talking about  
16 coffee at the nurses station, I'm talking about a  
17 resident who hasn't spoken to a nurse, simply wandering  
18 into an infant's room. If you saw that, I take it  
19 you would be curious about that?

20 A. Yes.

21 Q. And if there wasn't a nurse  
22 in that room, if you knew there wasn't a nurse in  
23 that room you would also be curious, you would go to  
24 the room to try to find out what he was doing?

25 A. Yes.

Q. I am not suggesting anything







1  
2 sinister, you would just want to know because he  
3 wasn't scheduled to be there in that room?

4 A. Right.

5 Q. So, you would go to the room  
6 to find out if you could be of any assistance to him  
7 and help him in any way and to discover what he was  
8 doing?

8 A. Right.

9 Q. And you say if you knew there  
10 was a nurse in the room, I gather you would presume  
11 she would express the same curiosity to find out  
12 why he was in there?

12 A. Right.

13 Q. Yes. Now, with respect to the  
14 fellows, I gather they, unlike the residents, do not  
15 sleep in the Hospital overnight, they are entitled  
16 to go home?

17 A. They are entitled to go home.

18 Q. Yes. Some of them may sleep  
19 in the Hospital?

20 A. Yes.

21 Q. And some may not?

22 A. Right.

23 Q. And again after midnight they  
24 wouldn't be on the ward after midnight on any regular  
25





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2

basis or carrying out any regular duties, they would  
be on call off the wards somewhere and called as  
needed?

4

A. Yes.

5

6

Q. And again they would be  
summoned I gather either by a nurse, yourself or some  
other nurse, or by the resident?

7

8

A. Right.

9

10

Q. Yes. And when summoned they  
again would come to the ward and they would first  
contact the nurse who summoned them to determine what  
the problem was?

11

12

A. Or the doctor, yes.

13

14

Q. Or the resident who summoned  
them?

15

A. Right.

16

17

Q. And then would proceed to  
examine the infant?

18

A. Right.

19

20

Q. And it would be I gather less  
likely to find a fellow who is not scheduled on duty  
after midnight on the ward than it would be a resident?

21

A. Yes.

22

23

Q. Yes. It's fairly unusual to  
find a fellow who isn't scheduled for duty after

24

25







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midnight to be there simply wandering through?

3

A. Unless he had something else  
to do within the Hospital.

4

5

Q. Within the Hospital. But  
you would certainly see many fellows after midnight  
unscheduled on the ward than you do residents?

6

7

A. Right.

8

Q. Yes. And again if you did see  
a fellow on the ward who wasn't scheduled on duty  
going into an infant's room you would have the same  
curiosity about that as you would have, as we have  
just discussed, with the resident, isn't that so?

10

11

12

A. Right.

13

14

Q. And you would want to find out  
what he was doing and if you could be of any assistance  
to him and I gather if you thought there was a nurse  
in the room you may leave that for her to determine?

15

16

17

A. Right.

18

19

Q. Now, with respect to the staff  
cardiologist who would be, for our purposes, after  
midnight the ward chief, I gather it is very unusual  
to see a ward chief on the ward at all, scheduled  
or unscheduled, after midnight?

20

21

22

A. Right.

23

24

25

Q. And that's because, one, they





1  
2 are rarely called if they are scheduled, they are  
3 rarely called except perhaps after an arrest?

4 A. That's correct.

6  
5 Q. And it would be extraordinary  
6 to see one who wasn't on duty there after midnight?

7 A. Yes.

8 Q. In fact, I take it you never  
9 have seen a ward chief there on the ward although not  
10 scheduled after midnight?

11 A. Well, only for Dr. Fowler who  
12 came in that night.

13 THE COMMISSIONER: Dr. Fowler.

14 MR. ROLAND: Q. I am sorry, yes, and  
15 that was after an arrest?

16 A. Yes.

17 Q. I am talking about apart from  
18 any situation after an arrest.

19 A. No.

20 Q. Now, let's talk a little bit  
21 about medication. As I understand it from Mr.  
22 Percival's questions of you last week he used the  
23 figure 99 per cent of the occasions a prescribed  
24 medication is given by a nurse in the normal course?

25 A. Yes.

Q. Yes. And that is, a doctor will







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prescribe a medication by writing out an order, an order form, that will find its way onto the medication record and the nurse will give the medication as required?

6

A. Right.

7

Q. At the time and in the amount

as required?

8

A. Right.

9

Q. And that's the normal way in

10

which medications were given on the ward?

11

A. Yes.

12

Q. Let's set aside arrest

13

situations. A doctor attending on a ward at night who visits an infant on the ward and determines that the infant may need some additional medication, I take it would first speak to a nurse, the nurse in charge of the infant or you to determine what medication the infant received up until that time. That would be part of the normal practice, wouldn't it?

19

A. Right, or he would be looking at the chart.

20

21

Q. And he would be looking at the

22

chart and he would want to know what medication the infant had received before he made a determination

23

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1  
2 about what additional medication to give to the baby?

3 A. Yes.

4 Q. Yes. Having done that and  
5 decided on a course of medication for the infant, in  
6 addition to what had already been prescribed, I gather  
7 the doctor would then ask the nurse or a nurse  
8 present to get the medication?

9 A. Yes.

10 Q. Yes. And as well he would  
11 write out an order form, an order sheet?

12 A. Right.

13 Q. He wouldn't himself go to the  
14 medication room and get the medication, he would ask  
15 a nurse to do it?

16 A. He occasionally could but the  
17 rule was usually that he would ask and we would get  
18 the medication for him.

19 Q. Yes. It would be quite unusual  
20 for him to go to the medication room himself, wouldn't  
21 it?

22 A. Yes.

23 Q. Yes. In fact, I gather it  
24 would be extraordinarily unusual if he did that, if  
25 he went to the medication room without having involved  
a nurse in some way up to that point, that is, it would





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be extraordinarily unusual if he did that, if he went to the medication room without having involved a nurse in some way up to that point, that is, it would be extraordinarily unusual if he went to the infant's room without speaking to a nurse, decided all on his own on additional medication and went to the medication room to get it. That would be unheard of, wouldn't it?

A. Yes.

Q. Yes. He would, at some stage before, even if he went to the medication room, he would have at one stage involved a nurse in that process?

A. Yes.

Q. Yes. But in the normal course, as you I think agree with me, he wouldn't go to the medication room he would ask the nurse to get the medication?

A. Right.

Q. She would get the medication and take it to him in the room?

A. Yes.

Q. And either the nurse would draw it up or the doctor would draw it up?

A. Right.







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Q. And either the nurse would administer it or the doctor would administer it?

A. Right.

Q. Yes. And I think as you indicated to Mr. Percival, the nurse would remain in the room and watch the administration of the medication by the doctor in order to properly note that?

A. Yes.

Q. And of course if the nurse gave the medication then she would be able to make her own record of that?

A. Right.

Q. I gather you have told me that it would be extraordinary for a doctor to get a medication from the medication room without involving a nurse. I gather it would be even more extraordinary for a doctor to visit an infant in a room, assess the infant, decide that some additional medication was needed and take the medication from his pocket or from a bag or something that he was carrying and administer it without involving a nurse at all. That would be again extraordinary?

A. Yes.

Q. You have never seen anything





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11

2

like that done?

3

A. No, I haven't.

4

Q. And again it would be something  
that would alarm you?

5

A. Yes.

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Q. Because it is contrary to  
all procedures and practices?

8

A. Yes.

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Q. Yes. Now, let's go to the  
Baby Miller case as an example of this. We have  
heard testimony, and you know of this testimony from  
Mrs. Bell, that she saw you giving a medication to  
Baby Miller on the Friday evening, she says at 11:45  
or so, you say that that was at 1 o'clock, and I  
am not going to get into the timing of it, but we  
have it from Bertha Bell that she saw you alone in  
that room giving a medication to Allana Miller and you  
agree with us that you did give the medication to  
Allana Miller when you were alone in the room at, you  
say, 1 o'clock in the morning?

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A. That's right.

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Q. We have the evidence from Bertha Bell that she was at the doorway and she saw you, and I think her evidence was that she spoke to you. In any event she happened upon you giving a medication, alone in the room, to Allana Miller.

I gather if Bertha Bell had happened upon a doctor, instead of you, a doctor, there alone giving medication to Allana Miller that would have alarmed her, that would have surprised her; at least, she would have wanted to determine what the doctor was doing in the room alone himself giving a medication.

A. Yes. She may not have asked the doctor, she may have come to me and asked me.

Q. She certainly wouldn't have left there, would she, she would want to find out in her own mind what that doctor was doing, because it is quite unusual for a doctor; one, you have already said to be giving a medication on his own; and it would be quite unusual for a doctor giving a medication to an infant in a room alone, unaccompanied by a nurse?

A. Yes.

Q. And so she would not have left there, she would have followed that up in some fashion,





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either speaking to the doctor or speaking to you?

A. Yes.

Q. It would have been a matter of comment, at least to you, about that?

A. Yes.

Q. Now you have told us, this enquiry, that you thought of the possibility that someone is setting you up, someone has set you up, or that someone was, I think your words were: "using your work schedule" to select infants to administer digoxin to. That is something that has occurred to you after the fact?

A. Yes.

Q. And this is while, in each case as you say, it was using your schedule and so in each case you were working on ward 4A. We know, however, from the evidence Mrs. Trayner, that if you were being set up, if someone was selecting babies using your work schedule, they were not entirely selecting babies on 4A, they were also selecting babies from time to time on ward 4B. In particular the ones that most concern us I think, because the ones which we have some information about digoxin, either high numbers or digoxin in the baby's systems when it wasn't prescribed, those of Belanger, Hines





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and Inwood, and those three babies as I understand it were on 4B. Now, can you explain to us, if someone was selecting babies using your work schedule why they would select babies on 4B rather than 4A?

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A. No, I can't.

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Q. It is really inconsistent with someone trying to, I think the words last week was "frame you" isn't it, to select babies on 4B rather than 4A?

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A. I really don't know.

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Q. You were not working on 4B, or in charge of 4B in any of those three occasions, were you?

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A. No, I wasn't.

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Q. And I gather you would agree that it is unlikely that it was a nurse who was using your schedule, because we have already seen from the statistical review done by the Centres for Disease Control, that you were present for 29 of the infant deaths, and the next highest presence was 22 I think by Susan Nelles, and 21 or 22 by Sui Scott. So I gather - and apart from those two nurses it would be - there was very little correlation between you and the other nurses as far as schedule was concerned. I gather in your own mind that it is unlikely then







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it was a nurse who was using your schedule?

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A. I guess so, I --

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Q. And we have seen that there is

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no schedule, there is no relationship between the

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schedule of the doctors and the infant deaths, we

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have seen that this morning. I gather then if we

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follow up your suggestion that it may have been a

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doctor rather than someone else that was administering

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this drug, digoxin, to some or all of these babies

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that it would have to have been an off duty doctor.

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a doctor not on duty on 4A or 4B.

A. It's a possibility.

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Q. And you have told us, however,

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that it would be very unusual to see a doctor in a

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room, in an infant's room, alone administering any

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medication, that would be extraordinary. If there

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was an off duty doctor who went into a room, and

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attempted to or did administer a medication without

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being accompanied by a nurse, that was something that

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would attract attention from anybody who happened to  
see the doctor?

A. Yes.

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Q. And so that doctor was running

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quite a risk in doing that, if he did it. If it was

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an off duty doctor he was running quite a risk of

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being detected, wasn't he?

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A. Yes.

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Q. And indeed if he was doing it in

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room 418 were these babies seemed to be dying, the

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risk was quite extensive, wasn't it, because 418 is

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a room in which there is often more than one nurse

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assigned to?

A. Right.

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Q. Because of the number of beds in

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the room?

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A. Yes.

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Q. And the fact that very

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often there are very sick children in that room?

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A. Yes.

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Q. And so he ran an even greater

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risk with respect to infants in that room, because

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there was a higher chance that one of the nurses

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might happen into the room?

A. Yes.

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Q. And as well it would be very

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difficult for that doctor who was not on duty, and

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who was trying to surreptitiously administer a drug

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to these babies in 418 to do so when a number of

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instances the babies were on constant nursing care,

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or shares nursing care? It would even be more

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difficult because the nurses are supposed to be in  
the room all the time?

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A. Yes.

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Q. And it would be very difficult  
to go on with that administration of a drug by a  
doctor not on duty, to go undetected in that room.

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A. Yes.

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Q. And to do that I suppose the  
doctor would have to be hanging around the hallway,  
or hiding somewhere on the ward waiting for the  
constant care nurse, or the shared care nurse, to  
leave 418 in order to sneak in there and administer  
a drug and get out quickly, that is really what he  
would have to do in order to go undetected, isn't it?

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A. I suppose so.

Q. All that is pretty unlikely,  
isn't it, isn't that pretty fanciful really when you  
think about it?

A. Well - -

MR. THOMSON: Excuse me Mr. Commissioner,  
perhaps it would be fairer to the witness if my  
friend were to include an assumption in that question,  
as to how many in his suggestion to the witness of  
these babies had an excessive amount of digoxin in  
their system. In other words the question means one





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thing if it is 29, but it is a different thing  
if there are 3. I am not sure whether the witness  
was already asked this question, what was the  
assumption in her mind, otherwise this is simply an  
argument that my friend from the Hospital is making  
to the witness.

THE COMMISSIONER: Yes. I have another  
problem too. That of course is, as I have on all of  
these other matters since the Court of Appeal Decision,  
does this assist us in this enquiry as to whether the  
doctors could or could not, does it assist us in the  
cause of death.

MR. THOMSON: May I also say, and  
then I will be quiet then. What puzzles me is why  
my client is apparently going to go through another  
set of cross-examination following, and I think  
enough is enough around here.

THE COMMISSIONER: Well I agree entirely  
with you. We don't need to get too concerned about  
it, except perhaps for Mr. Roland's electronic jury.  
That is the only reason. It is a question for  
argument, and it does matter a great deal whether  
there are 3, 29, and I am not bound by the Atlanta  
Report, it could be anything up to 36, but there  
you are Mr. Roland.





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MR. ROLAND: I will leave it there,  
I won't pursue the matter.

THE COMMISSIONER: Yes. All right.

MS. SYMES: Excuse me Mr.  
Commissioner.

THE COMMISSIONER: Yes.

MS. SYMES: Could I ask a question  
of Mr. Roland since he put Exhibit 401 in, Exhibit  
No. 401 and 402.

THE COMMISSIONER: Which is 401.

MS. SYMES: 401 is the Paediatric  
Nurses Schedule.

THE COMMISSIONER: Yes.

MS. SYMES: 402 is the document  
that Miss Thomson prepared with respect to the  
patients. When we had Exhibit No. 177, which was  
a schedule, 177 was the Schedule of Cardiologists  
and 179 was the Schedule of Fellows. There were a  
number of changes, that is handwritten things crossing  
out and changes. The question is, first of all in  
401 --

THE COMMISSIONER: Yes.

Are you speaking of 401 or are you  
speaking of 402?

MS. SYMES: Well obviously they







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cr. ex. (Roland)

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are going to relate one to the other.

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THE COMMISSIONER: Yes.

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MS. SYMES: 401 is the larger -

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THE COMMISSIONER: 401 is only the  
Residents.

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MR. ROLAND: Yes it is the  
Residentsschedule.

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THE COMMISSIONER: 402 has all of them,  
yes.

MS. SYMES: Right.

THE COMMISSIONER: And the 100 ones  
were just for Fellows and --

MS. SYMES: And cardiologists.

THE COMMISSIONER: And cardiologists.

MS. SYMES: But the first question is  
in light of the fact that 179 has a number of  
scratchings out and cancellations and changes, the  
question is is Exhibit 401 what should have been?  
That is here is what the schedule was, or is it in  
fact that's the person who showed up on July 1st?

THE COMMISSIONER: Yes.

MR. ROLAND: I can answer Miss Symes'  
question. This is the schedule. It isn't necessarily  
the person who showed up. There is no record of the  
person who was actually there apart I must say from --

THE COMMISSIONER: From what might be  
in --

MR. ROLAND: -- in Exhibit 402 which  
shows some correlation from time to time between the  
charts, what is shown on the charts in the column on  
the far right and the residents.

THE COMMISSIONER: It would be a  
terrible --







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MR. ROLAND: So to some extent the  
schedule is confirmed from time to time.

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For instance, if you look at Bilodeau,  
Reynolds is the resident. Reynolds was actually noted  
as there in the column under Physicians in the chart,  
so that we know that Reynolds didn't change or exchange  
his schedule of duties with some other resident.

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But we have no record and we didn't  
have I don't think a precise record with respect to  
the Fellows either. Although Exhibit 179 did show  
some changes I think the evidence was it was not  
necessarily precise either. These are the scheduled  
residents as the schedule was drawn up.

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MS. SYMES: And I gather, though, that  
you can also tell the Commission you have no record  
of what the changes were?

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MR. ROLAND: That is right.

MS. SYMES: That is you have not  
provided it in 401, but does one exist?

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MR. ROLAND: No record does exist  
showing the changes.

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What I can tell you, Mr. Commissioner,  
is that these residents are on a one month rotation.  
They rotate through and you will see from this it  
is basically a one month rotation as shown on the





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schedule. They rotate from one service to another, and when there is change or interchange between the residents from the schedule that's on that particular service.

So, for instance, if Reynolds in the month of October you will see he is on - sorry, in the month of September he is shown as scheduled various days in September. If he were to change he would change with some other resident - sorry, I have got the wrong one. Let's take the top one. Reynolds and in July. You will see that there are three residents scheduled, Lavi, Arluk and Reynolds, and if there were some change it would be amongst them.

MS. SYMES: Well, can you tell us if that is a hard and fast rule? That is you can only trade amongst those people who are assigned as residents to 4A/B?

MR. ROLAND: I don't know if there is ever any hard and fast rule. That's the rule. When there is changing it is to be amongst the residents, and that is what is done. You know, I suppose in an emergency anything could happen, but that is what happens and the schedule as we have shown and summarized by Exhibit 402 shows the various residents who were there as scheduled, and if there was to be





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any change in the month of July it would be amongst those three, Lavi, Arluk and Reynolds and so on.

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MS. SYMES: The next question is with respect to Exhibit 401, I presume it is not exhaustive? That is that there would be other wards with other residents covering for, for example, the month of July?

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THE COMMISSIONER: Can you tell me what is the significance of 6D, 8A and 9? Why are they - and that I think is Miss Symes' question - why are they included and not other wards and why are they included in the first place? Because they might have been available? Is that it?

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MR. ROLAND: We have just used the page in which 4A and B are found on the schedule. There would be for the month of July more pages than this single page which is the top page for various wards. I don't know why they order them in the way they do, starting 6D, 8A and --

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THE COMMISSIONER: Well, 6D and 8A and 9 don't mean much to us except that --

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MR. ROLAND: They are other wards, and residents rotate through various wards. And in the month of July you will see that there were three residents in 4A and B, and if you look through the schedule you may find those other residents - you







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should find those other residents from time to time  
in other wards.

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THE COMMISSIONER: But really all we  
are getting at Exhibit 401 for are the 4A and B?

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MR. ROLAND: 4A and B. There are  
other pages for July apart from this top page. We  
have only reproduced it because it is -- they are  
wards that don't concern us.

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MS. SYMES: The question then, as  
this witness has said, there is a possibility of  
someone assigned let's say to 5 who doesn't appear  
anywhere on Exhibit No. 401 coming through for  
coffee or to go to sleep - would the Hospital provide  
us with the rest of Exhibit 401? That is --

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THE COMMISSIONER: Well that doesn't  
help us, Miss Symes, because there are already, I  
don't know, but let's say 100 residents, and if you  
want to point the finger at them you have got enough,  
haven't you now from 8A and 9 and 6D without --

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MS. SYMES: No, sir.

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THE COMMISSIONER: You want more?

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MS. SYMES: Yes, sir, specifically  
with respect to March.

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THE COMMISSIONER: March?

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MR. ROLAND: We can provide that, I

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suppose. I don't think it is going to do anything  
for Miss Symes because they --

THE COMMISSIONER: All we really  
want is 4A and 4B.

MR. ROLAND: Exactly.

THE COMMISSIONER: Well, if it will  
make Miss Symes happy, if you can, give her the  
March figures for what, is this the whole Hospital?

MS. SYMES: Just the residents'  
schedule I presume.

THE COMMISSIONER: No, no, but that's  
for the whole Hospital? For every ward in the  
Hospital?

MS. SYMES: Yes.

THE COMMISSIONER: All right.

MR. ROLAND: I will see what we can do.  
I should make a few comments about  
Exhibit 402 as well which I omitted to do when I  
introduced the exhibit.

You will see at the bottom there is  
an asterisk, "Halbert?" And the asterisk refers back  
up to Heilbut. There is no Halbert at all, but that  
was what was shown on Exhibit - that was the name  
shown on Exhibit 179. It was something that was  
dictated and it was mistyped and it should be Heilbut.







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THE COMMISSIONER: Yes. I am not going to stop anyone with this line and this applies to Miss Symes as well as to you, this line of conversation, but somewhere in the argument I am going to ask you if you take either side of this matter and tell me why it matters.

MR. ROLAND: All right.

THE COMMISSIONER: Because of the Court of Appeal Decision. So bear that in mind, Miss Symes. Before we spend too long on it I have got to be persuaded that I can do anything with it.

Yes, all right.

MR. ROLAND: Q. Mrs. Trayner, let me turn to the issue of Baby Cook and the Inderal taped to the end of the bed.

As I understand from your evidence and particular questions asked by Mr. Percival, you saw two ampules of Inderal taped to the end of the bed at the outset of the shift?

A. Yes.

Q. And you saw that they were smoky or brown in colour?

A. Right.

Q. And I take it then you presumed that the clear liquid in the syringes was Inderal





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having come from those particular vials or ampules?

A. Well, that was what was  
ordered.

Q. Yes.

A. For the bedside.

Q. Yes. And if you had seen  
another coloured vial, a clearer vial, or a clear  
ampule I should say, that would have alarmed you  
because you knew Inderal didn't come in anything but  
smoky or brown ampules?

A. Right.

Q. And the fact that you saw that  
it was therefore brown ampules it didn't raise any  
suspicion or concern; you simply presumed that the  
Inderal had been taken for those ampules?

A. Yes.

Q. And I gather then that in your  
own mind even today dismisses any possibility of  
error? That is if Justin Cook received a drug other  
than Inderal from those syringes it wouldn't be by  
error because it would be clear that if there was  
no wrongdoing involved that the liquid came from  
those very ampules that were Inderal?

A. If there was no wrongdoing.

Q. If there was no wrongdoing. Set





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aside wrongdoing, it wouldn't be by error that Justin Cook would receive something other than Inderal from those syringes?

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A. My only concern is that we gave that medication; we didn't draw it up.

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Q. I understand.

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A. And to give something that you don't know what's in that syringe, that's my biggest concern.

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Q. Yes.

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A. My understanding is that it was drawn up at an emergency situation at 6 o'clock when Justin Cook had had a blue spell and before we used it, you know, we should have drawn up our own Inderal and had it taped to the bedside.

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Q. I understand all that. But my point is that the reason those ampules, those brown ampules of Inderal, that contained Inderal, were taped to the end of the bed was to show whoever sees them and sees the syringe that is where the liquid in the syringe came from. That's the purpose of it, isn't it?

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A. Yes.

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Q. And it would be pretty unlikely, virtually impossible, as an error that someone would







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draw up liquid from some other ampules but tape these ampules to the bed? I mean as a matter of error. Not intentional, but error. It is pretty unlikely, isn't it?

A. Well, it would be unlikely.

Q. Yes. All right. However, it is possible that someone deliberately drew up digoxin in those syringes - I gather that's the possibility you raised - deliberately drew up digoxin in those syringes but taped Inderal ampules to the end of the bed?

A. No, I am not saying deliberately. I am just - my only concern is that we don't know what was in it.

Q. Yes.

A. And I wasn't there when it was drawn up. It was drawn up on the day shift and anything could happen in an emergency situation.

Q. I see. So you say there is a possibility - you say it is a possibility of error that someone drew up something from some other ampules and then taped these empty Inderal ampules to the end of the bed?

A. I'm saying that is a possibility.

Q. As error?





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A. Yes.

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THE WITNESS: Yes.

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THE COMMISSIONER: I have some trouble with that. Surely whoever did it, wouldn't they draw it up and then attach to the bed precisely the same vial? Now leaving aside, as Mr. Roland said, anyone doing it deliberately, but we are talking about accident.

THE COMMISSIONER: An accident is now within my mandate so I am concerned about it. It would be pretty tricky, wouldn't it, to put the wrong vial, having just drawn it up put the wrong vial?

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THE WITNESS: What I was saying it could be that, you know, they called for the Inderal and maybe two people drew it up or two people went and got the Inderal or whatever.

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THE COMMISSIONER: Well, two people would make it even less likely, wouldn't it, for an accident?

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THE WITNESS: Well, one could have drawn up something in the syringe and said this is the Inderal and the other girl had already broken her vial and then just taped it.

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THE COMMISSIONER: I see. All right.

MR. ROLAND: All right.





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Q. If it wasn't error, if it was a deliberate act, I take it it would be by someone either on the shift prior to your shift --

A. Well, it was drawn up and taped.

Q. Yes.

A. -- before we came on.

Q. Yes. So it would be a deliberate act of someone prior to your shift? That is someone on the previous shift? Isn't that a possibility?

A. If you are saying it's deliberate.

Q. Yes.

A. All I can say is it was there before we got there.

Q. The other possibility I suppose is that someone may have substituted the syringes of Inderal for syringes of digoxin during your shift. That's a possibility if it was deliberate.

A. That's a possibility, yes.

MR. ROLAND: Thank you. Those are all the questions I have.

THE COMMISSIONER: Thank you.

MS. CHOWN: No questions, thank you, Mr. Commissioner.

THE COMMISSIONER: Miss Symes?







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CROSS-EXAMINATION BY MS. SYMES:

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Q. Mrs. Trayner, just following up on the question that Mr. Roland asked you with respect to the residents being on duty on schedule and their presence in the Hospital, I would like to turn you to Exhibit No. 401 and specifically the last page with respect to the death of Allana Miller.

A. I don't have the exhibit.

Q. Could she be given Exhibit 401?

A. Thank you.

Q. You had told us I believe on the night that Allana Miller died which started on March 20th - the shift started at 7 p.m. on March 20th?

A. Right.

Q. I believe that you told us that Dr. David Nelles and Paul Runge?

A. Yes.

Q. Had come to the floor and had coffee with you and with Susan Nelles?

A. Right.

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Q. And I gather that both of these gentlemen were residents at the Hospital at that particular time?

A. Right.

Q. That is, they weren't fellows.

A. Right.

Q. And I gather that neither of them were, for example, cardiologists?

A. No.

Q. Or any other staff person at the Hospital on a different ward?

A. They were residents on another floor.

Q. And I gather that they were in the Hospital on business that night or that is your impression?

A. Yes.

Q. And their presence, that is, having coffee at the nurses station before midnight on the 20th raised no suspicion in your mind?

A. No.

Q. But if we look at March 20th on that last page of Exhibit No. 401, do their names appear at all as residents assigned to duty that particular night?





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A. No, they don't.

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Q. In fact, do you know what

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particular service those two gentlemen were assigned to?

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A. No.

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Q. So, although these two people,

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two doctors who were residents were in the Hospital,

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I presume they were wearing, what, the traditional

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white lab coat sort of thing?

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A. I don't think they had lab

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coats on, they were just in street clothes.

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Q. But their presence on the ward

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would not in any way cause you to say, hey, why are they here?

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A. No.

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THE COMMISSIONER: Does the doctor

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normally wear, I presume that he does, a lab coat

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when he is on duty? Do doctors go around in civilian

18

clothes? I mean, obviously they do at some point.

19

THE WITNESS: The cardiologists do.

20

THE COMMISSIONER: I see. The residents

21

do they normally or not?

22

THE WITNESS: Occasionally, yes.

23

THE COMMISSIONER: Okay, fine. So,

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they could have been on duty and they could have been

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just visiting?

THE WITNESS: Yes.

Q. So, although these two doctors were not assigned to 4A/B, their presence certainly even today doesn't raise any suspicion in your mind at all?

A. No.

Q. And similarly throughout the whole nine month period, the comings and goings of residents for coffee or visiting let's say on your ward wouldn't have been suspicious at the time?

A. No.

Q. And isn't still suspicious today?

A. No.

Q. Nothing has clicked in your mind?

A. No.

Q. I would just like to go through the elements that were existing on your nursing care during the particular epidemic period. Now, I would like to go through some factors that I see as potentials for stress that existed for you during the nine month period.

First of all, I gather you moved from





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5A to 4A/B.

3

A. That's right.

4

Q. That's a brand new ward?

5

A. Right.

6

Q. Newly renovated?

7

A. Yes.

8

Q. And a new way of running the  
cardiology service?

9

A. Yes.

10

Q. As far as nurses were concerned?

11

A. Yes.

12

Q. You got a brand new head nurse?

13

A. Right.

14

Q. And you were a brand new team  
leader?

15

A. Right.

16

Q. And as of April 1980 in the move

17

you have had yourself two years experience at the  
pediatric cardiology nurse?

18

19

A. Yes.

20

Q. And is that considered a very  
experienced nurse?

21

A. No.

22

Q. And on your team you had Susan

23

Nelles, who I guess had somewhat less than two years

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experience as a pediatric cardiology nurse?

A. Yes.

Q. Sui Scott who was returning to nursing after an extended leave of absence?

A. Right.

Q. And I gather when she joined the Hospital in the winter of 1980, she was brand new to pediatrics and brand new to cardiology?

A. Right.

Q. And I gather that there is a process of learning both the pediatrics and for cardiology?

A. Yes.

Q. And how long would you say it would take a nurse to become familiar with pediatric cardiology nursing?

A. At least a year.

Q. And to Mrs. Christie who had had 24 years as an R.N.A., you said, as her team leader, provided good, basic nursing care?

A. Right.

Q. And then you had from time to time Janet Brownless who joined your team on occasions starting in September of 1980 and I gather she was new to pediatrics and new to cardiology?







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2

A. Right.

3

Q. So, as the team leader you are

4

brand new?

5

A. Yes.

6

Q. And you are not, not to be

7

unkind, but you are not a seasoned pediatric  
cardiology nurse in April of 1980?

8

A. Right.

9

Q. And the members of your team

10

were not, so to speak, veterans?

11

A. Right.

12

Q. And I gather you would be

13

responsible or certainly feel responsible for the  
nursing care given by the members of your team?

14

A. Yes.

15

Q. And I gather that over the

16

epidemic period you would still be in the process of  
orienting and training your staff?

17

18

A. Yes.

19

Q. Now, the next thing is deaths

20

and dying. I gather that for a nurse and for you as  
well that every death is a stress?

21

A. Yes.

22

Q. That there is no such thing as

23

an easy death?

24

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A. No.

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Q. Now, I would like to ask you about Perreault. Alan Perreault we understand was a child, there was a 'do not resuscitate' order on that child, he had an incurable and uncorrectable cardiac abnormality?

A. Right.

Q. And this was a child who I gather when you came on your shift you knew was going to die?

A. Yes.

Q. And you knew he was going to die on that shift?

A. Right.

Q. And I gather that to what she tells --

THE COMMISSIONER: I am sorry, you knew he was going to die on that shift?

THE WITNESS: We were told.

THE COMMISSIONER: That he would die that night?

THE WITNESS: That day, that they didn't hold that much hope.

Q. And I gather that it would have been for you far easier on you if you just left





E8

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Perreault to die in his crib?

3

A. I couldn't do that.

4

Q. Pardon?

5

A. I couldn't do that.

6

Q. In fact, you held him, didn't  
you?

7

A. Yes.

8

Q. And for the doctor who was on  
duty I gather he came and went twice during the  
process?

10

11

A. Yes.

12

13

Q. But it was your concern for the  
quality of life or the quality of death of that  
patient that you didn't leave that young boy?

14

15

A. I didn't want him to die alone  
in his crib.

16

17

Q. And that must have been very  
difficult for you?

18

A. Yes.

19

20

21

Q. I gather also very difficult  
for you because in a sense nurses are trained to jump  
into action and do something, anything that is a  
way of coping, isn't it?

22

23

A. Yes, there is an overwhelming  
feeling of helplessness that we couldn't do anything

24

25







1  
2 and the only thing I felt that I could do for this  
3 baby was a little bit of comfort.

4 Q. And that was stressful for you?

5 A. Yes.

6 Q. In fact, you said to Bertha  
7 Bell, your friend from nursing school - that's  
8 right, you went to nursing together?

9 A. No, I met her when we started  
10 at Sick Childrens Hospital on the same day.

11 Q. Oh, I see. But I gather you  
12 said to her, look Bertha, will you stay with me?

13 A. Yes.

14 Q. And she did?

15 A. Yes.

16 Q. Now, you were asked by a number  
17 of people why it's the parents that you remember rather  
18 than the individual child?

19 A. Yes.

20 Q. And I gather that you as team  
21 leader wouldn't have given individual care to most  
22 of the children?

23 A. Right.

24 Q. In fact, I think you only had  
25 one particular child, Gionas?

A. Right.





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Q. And in that case the individual care, one on one, would have been assigned to Susan Nelles or Susan Scott or someone else?

A. Right.

Q. So that you as team leader would have over the night the over all care of some 20 odd children?

A. Yes.

Q. And you just wouldn't have the individualized contact with this specific baby?

A. Right.

Q. And I gather also that as the team leader you do a lot of administrative work?

A. Yes.

Q. So that in a 12 hour shift a good proportion of your time is spent processing doctor's orders, handling the NAR val schedules and other administrative nursing tasks?

A. Yes.

Q. And all of that would take away from your opportunity to identify with or see an individual child?

A. Right.

Q. And I gather that also as team leader that one of your duties is to deal with parents?





E11

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A. Yes.

3

Q. So that if parents have

4

questions you might well be the person that they

5

would turn to?

6

A. Yes.

7

Q. Or if they telephoned?

8

A. Right.

9

Q. You would try and provide

answers?

10

A. Yes.

11

Q. And I guess as an adult you

12

would be speaking to adult parents as opposed to

13

babies that don't talk?

14

A. Right.

15

Q. And it would be the parents

16

then that would vocalize their concerns to you about  
the condition of their child?

17

A. Yes.

18

Q. And would it then be the parent

19

that you would remember, say, as opposed to the

20

child that doesn't speak?

21

A. Yes. There is a common bond

22

between the nurse and the parents from day one that

23

they come in. It's not Mr. and Mrs. it's more, either

24

on a first name basis or it's mum and dad and they

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E12

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call us by our first name, we become the substitute mother for their child and it is a very friendly rapport with the parents. They are encouraged to call at any time during the day or night and ask about who ever they want and they know if I am on or Susan's on or Mrs. Christie's on. So, we deal a lot with them and there is a lot of conversation, a lot of reassuring, explanations.

Q. So, rather than there being a bizarre, unusual fact that you remember the parents rather than the child, that is basically normal?

A. Right.

Q. Perfectly ordinary for nurses to remember the parents in a pediatric setting?

A. Yes.

Q. And in fact the one child that you had some care of who was older, that is Paul Murphy who clearly as a teenager he could speak, et cetera?

A. Yes.

Q. You could remember him?

A. Yes.

Q. Now, during the nine month period did you have any difficulties with the process of either getting children into the intensive care





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unit who were deteriorating or getting patients from  
the intensive care unit that you thought was too soon?

A. Yes.

Q. How often did that occur?

A. It was happening quite a lot  
and that's when they first brought up the idea of  
the intermediate intensive care unit. I can remember  
that done on 5A when children used to go for open  
heart surgery we would be telling the parents that  
it would be at least three to four days that the  
child would be in the intensive care unit and when we  
came up to the fourth floor we still were telling the  
parents this and children were returning in two days  
and I can remember one child coming back from open  
heart, he went down at 8:00 o'clock on the Monday and  
was back by 10:00 on Tuesday morning and there was  
a lot of concern and the anxiety level for the parents  
at this point was extremely high because they were  
told three to four days and here they are already  
back up.

Q. And I gather that the concern  
for you is that the children are sicker than you are  
comfortably able to cope with given your level of  
staffing and the level of equipment on 4A/B?

A. Right, because in the intensive





E14

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care unit they are either on open heart, they have one to one, one nurse who is there all the time and then they came up to the floor and the nurse would already have her patient assignment which would be three, maybe four children and a new transfer from the intensive care unit, which would be five and there isn't the same amount of care, although, we would try but there still isn't as one to one downstairs.

9

10

11

12

Q. I gather one of the other very basic things is that you just don't have as sophisticated equipment on 4A/B as they do in the intensive care unit?

13

14

A. We don't have the equipment but we don't have the time.

15

16

Q. And the third factor is were the doctors in fact constantly available in the intensive care unit, whereas, they weren't on 4A/B?

17

18

19

20

A. Right.

Q. The other side of it, can you recall any difficulties in getting a child down into I.C.U. when you saw that child deteriorating on your ward?

21

22

23

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A. Yes.

Q. Can you remember the children?

.....







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DM/cr

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A. I think there was Jennifer Thomas that we had wanted sent down to the Intensive Care Unit, and we had phoned our resident and there was no room for the child down there; that Liz Radojewski had to speak to Dr. Freedom and almost plead with him that this child should go down and have the intensive treatment that ICU could provide, and the child did go down eventually that day, but I don't know, pulled some strings somewhere.

Q. Can you remember while you were team leader wanting one of your children to go down to the Intensive Care Unit and not being able to get them in?

A. I can't remember the whole instance with Andrew Bilodeau, but from reading the chart through this process it was felt that that child should have been down in the Intensive Care Unit.

THE COMMISSIONER: I am sorry, Mrs. Trayner, is this after the fact that they thought he should have been or was this during - Miss Symes is asking if you had any trouble getting them in.

THE WITNESS: I think it was during. I can't remember the child, I can only remember reading the chart.





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THE COMMISSIONER: Can we get the Bilodeau chart perhaps. Once again I am thinking of this elusive report that some day I have to write. You realize this was the whole subject of the Dubin Inquiry, and whether the Hospital did the right or the wrong thing with respect to the babies is not my immediate, certainly not my immediate mandate.

MS. SYMES: No, sir.

THE COMMISSIONER: I am not going to stop this, but you will have to justify it in argument.

MS. SYMES: Yes.

THE COMMISSIONER: Yes, Mr. Roland.

MR. ROLAND: The other matter is, this witness-again she doesn't remember the child and this is from her reading from the chart and we can all read the chart.

THE COMMISSIONER: Yes.

MR. ROLAND: If this witness has no recollection independent of the chart it seems little use to ask the witness something that we can all read.

THE COMMISSIONER: Yes. Well, since it has been brought up would it not be wise to look at the chart to see what the basis was for it? I don't know, you obviously don't think so, I'm





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looking at Mr. Roland.

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MR. ROLAND: I don't think, it is something we can all look at, we can all read the chart.

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THE COMMISSIONER: I will leave that to argument. Now at this moment at any rate we are going to give Mrs. Trayner the opportunity to look at the chart to refresh her memory as to what she is reporting.

10

THE WITNESS: I have the chart.

11

THE COMMISSIONER: Yes.

12

13

MS. SYMES: Q. Can you tell us what in the chart, if anything, jogs your memory?

14

A. No, I really can't.

15

16

Q. In fact, I have thought of a possible source, do you have Exhibit No. 300 I believe in front of you?

17

A. Okay.

18

19

Q. Which is the Ward Communication Book and the Ward Meeting Book?

20

A. That's right.

21

22

Q. I believe that Andrew Bilodeau was discussed at the September 5th meeting and the minutes of those meetings in handwriting form begin --

23

THE COMMISSIONER: I am sorry.

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MS. SYMES: Exhibit 300, sir.

Q. Exhibit 300, the first tab  
begin on page 8.

A. That's right, that is where  
I remember reading it from.

Q. The question at the bottom:  
"Would ICU earlier have made any  
difference?"

A. Yes.

THE COMMISSIONER: That is after the  
fact. I think what Miss Symes was asking about was  
before the fact, before the death of the child, was  
there a problem in getting him in. I take it you  
perhaps don't know that, or do you?

THE WITNESS: No, I don't know with  
this child, no.

THE COMMISSIONER: That is all right.  
Thank you.

MS. SYMES: Q. Now, during the  
particular time I gather that you have said there  
was some problem in communications between the  
nurses and the doctors, and that there was some  
concern, that has been documented, about the doctors  
not responding to the nursing observations or  
assessments of the patients?





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A. The one instance was with  
Baby Pacsai.

Q. And in that particular case  
I gather Susan Nelles was concerned that this child  
was not well, or deteriorating?

A. Yes.

Q. There was a feeling that she  
had, that the doctors didn't take it seriously?

A. Yes.

Q. And was that something you  
shared as well?

A. At that time, yes.

Q. Now, we have Exhibit No. 368,  
could she be shown that, please? These are notes -  
Exhibit 368 has been described as notes that Elizabeth  
Radojewski made in preparation for a meeting that  
she had in March with Dr. Fowler, and in this are  
listed certain concerns. For example under Manojlovich:

"Dr. Ning ? when to quit..."

Pacsai, the question of:

"...examined and looked at strip - said  
okay and left."

And the next page Hines:

"Resuscitation X four hours."

THE COMMISSIONER: Does that mean it





Trayner, cr.ex.  
(Symes)

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took four hours?

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THE WITNESS: I presume so.

4

THE COMMISSIONER: Yes, Mr. Roland.

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MR. ROLAND: Mrs. Radojewski was asked all about this. This witness did not make the notes, Mrs. Radojewski made them. Why Miss Symes would refer to these notes, this exhibit in this way to this witness, she did not make the notes. Miss Symes had an opportunity and did ask Miss Radojewski all about these notes in great detail. It seems to me unfair to this witness and also unfair to the people who testified and who made the notes to then put this information to this witness in this fashion.

14

15

MS. SYMES: Sir, I am not in any way asking her to go through in detail. I just want to ask her one single question.

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Q. Had you ever seen these notes before I have shown them to you now?

18

A. No, I hadn't.

19

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Q. We understand that these are the notes that Liz Radojewski made and that she has been questioned about them. My question to you is as the team leader on 4A, did you provide any of this information to Liz Radojewski, because obviously she as head nurse wasn't there on the long night shift







Trayner, cr.ex.  
(Symes)

1  
2 when these children died. Do you recall providing  
3 any of this information to Liz Radojewski?

7  
4 A. The only thing I can remember  
5 would be Kevin Pacsai, just explaining to her what  
6 had happened that night.

7  
8 Q. We have gone through then a  
9 number of things that were operating with respect  
10 to your team and to you. Is it fair to say in  
11 summary, maybe in hindsight, that during that nine  
12 month period from July to March of 1981, that your  
13 nursing team was working under a fair amount of  
14 stress?

12  
13 A. Yes.

13  
14 Q. And that you particularly, as  
15 a new team leader, were working under stress that time?

15  
16 A. Yes.

16  
17 Q. And the things that we have  
18 run through with respect to elements were all  
19 operating on your team and on you during that nine  
20 month period?

19  
20 A. Yes.

20  
21 Q. Now you have said that you  
22 have little recollection with respect to being aware  
23 of either the increasing number of deaths or the  
24 pattern to those deaths?  
25





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A. Yes.

3

Q. Until about March of 1981?

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A. Right.

5

Q. I gather though that it may  
be something that you have forgotten about.

6

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A. I don't recall feeling anything  
until about March.

8

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Q. Well one of the things that  
your nurses used to communicate with each other and  
to record concerns, is this ward communication book  
from ward meeting books, agreed?

12

A. Yes.

13

14

Q. Are they fairly accurately  
kept?

15

A. I believe so, yes.

16

Q. I gather you took turns  
writing the minutes?

17

18

A. I may have, I think I may  
have written one or something.

19

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Q. I would just like to go  
through these to try and establish the meetings  
that you were present at, <sup>or</sup> would have read, in which  
the arrests and deaths starting in July have been  
recorded, either in minutes of meetings or in  
communications.





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2 THE COMMISSIONER: I am not going  
3 to stop you, Miss Symes, they are all there and  
4 we can read them ourselves. Is that what you are  
5 doing?

6 Q. My question is, have you Mrs.  
7 Trayner, read this book?

8 A. Yes, I have.

9 Q. And have you gone through and  
10 seen the number of places where the topic of arrests  
11 and death and attendant stress was discussed at  
12 meetings?

13 A. Yes.

14 Q. And you realize that that  
15 started as early as July 31st of 1980?

16 THE COMMISSIONER: If you say so we  
17 will accept it, Miss Symes, I will accept it anyway.

18 MS. SYMES: Well, I'm not sure this  
19 witness has, and surely it is important --

20 THE COMMISSIONER: No, why is it  
21 important whether she has? What is happening here is  
22 you are trying to - it could take us an hour and  
23 a half to go through, if that is what you intended to  
24 do. Surely the thing is here, every mention, you  
25 can bring them all out in argument if it has anything  
to do with your argument itself you can bring it.







Trayner, cr.ex.  
(Symes)

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Why force poor Mrs. Trayner to go through it, each one of these things to say, was it mentioned here, was it mentioned there, is that what you intend to do?

MS. SYMES: No, sir. What I am trying to establish is as early as July of 1980 she was aware of the increasing number of arrests and deaths and the stress. In other words the recording in Exhibit No. 300 is more accurate than her memory today.

THE COMMISSIONER: I see. All right. You are trying to show when she says that she was not aware, that she was in fact aware, is that the idea?

MS. SYMES: That she was present at meetings in which this was discussed, and so therefore she was aware of increasing deaths, increasing arrests, increasing deaths and attendant stress.

THE COMMISSIONER: She was certainly aware of the deaths themselves. Yes, Mr. Strathy?

MR. STRATHY: The only reason I was rising, Mr. Commissioner, because there may be a misapprehension on Miss Symes part as to what Mrs. Trayner's evidence was. I understood her to say that she was aware there were increased deaths over





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what there had been in 5A. What she was not aware of was any pattern to them, or what has been called a pattern to them.

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MS. SYMES: Q. Well, Mrs. Trayner, as early as July of 1980, July 31st of 1980, I gather you were clearly part of a meeting in which it was described there was an increasing number of deaths and that was sufficiently serious and unusual that a ward meeting was called and that there were minutes about that, it is on page 5 of Exhibit No. 300?

11

12

A. Well yes, there is a meeting here about the recent deaths.

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Q. And I mean, that then surely is a reflection that things had changed since the move from 5A to 4A/B. That is that there were more deaths and that you were looking for explanations about them?

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A. Yes.

Q. You being the collective nurses?

A. Yes.

Q. And in particular you were

looking for news about Dawson, Bilodeau and Hoos on July 31st?

A. I can remember Amber Dawson.

I don't know, I don't have an independent recollection





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for the others that we were looking at.

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Q. But what I am trying to ask  
you is given that it is recorded in the minutes --

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THE COMMISSIONER: All I am saying  
is all you are trying to ask the witness is what we  
already have. This is the problem, Mrs. Trayner  
has given her evidence and if you are going to try  
to get her to change it, well, that's fine, I don't  
mind that. But if you are merely trying to say that  
the nurses collectively, or some of them were concerned  
about particular deaths because it is shown in the  
minutes. Could I not accept that, could I not say  
I am quite satisfied there were. There has been no  
suggestion any of these minutes were concocted.

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G/EMT/LN

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MS. SYMES: Sir, the question is whether or not this witness was part of that concern.

THE COMMISSIONER: Yes. All right.

MS. SYMES: Q. Mrs. Trayner, were you as early as July 31st, 1980, concerned about the increase in the number of deaths?

A. I was aware that the children were dying and I was concerned about why they died and -

Q. And were you looking for answers as to the cause of death?

A. I would speak to the cardiologist that had the child and ask him what he thought was the cause of death there.

Q. Were you also doing, we'll say soul searching or professional searching as to whether or not you and the members of your team had delivered satisfactory nursing care to these children?

A. Yes.

Q. And did you in fact as part of this process ask yourself whether or not you had missed anything before the arrest?

A. Yes.

Q. That is had you missed or members of your team missed the fact that the child was





1

2

deteriorating?

3

A. That is right.

4

Q. And did you also yourself,

5

whether or not you had in your individual capacity

6

and your team performed satisfactory in resuscitation  
efforts?

7

A. There was a big concern in the

8

first probably three or four there, and that is when

9

I had gone to Kathy Coulson and Liz Radojewski to

10

see how better we could perform if another arrest

11

had happened.

12

Q. And in the discussions - and I

13

gather you said you acted as a spokesperson for

14

your team?

15

A. Right.

16

Q. And did you seek out the

17

information from the doctors who were most available  
to you?

18

A. Either the resident that was

19

in charge for the floor or the cardiologist. That

20

would be the ward chief.

21

Q. And was Dr. Freedom one of those

22

persons?

23

A. Yes.

24

Q. And I specifically want to ask

25

G2





G3

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you about the child Adamo.

3

4

THE COMMISSIONER: I wonder if perhaps  
this - how long will you be? Is this a convenient  
time?

5

6

MS. SYMES: Could I just finish  
this particular one on Adamo?

7

8

THE COMMISSIONER: Yes. You hadn't  
started though. That was the reason why I mentioned  
it, that you hadn't started with Adamo. But now  
that you have you would prefer --

10

11

MS. SYMES: It is the end of a  
particular topic.

12

13

THE COMMISSIONER: Yes. All right.

14

15

MS. SYMES: I gather you had  
discussions with Dr. Freedom about Adamo because you  
were the person who had passed the NG tube?

16

A. That's correct.

17

18

Q. And that the passing of the NG  
tube had caused the deaths? That's what they thought?

19

A. Had precipitated the arrest.

20

21

22

23

24

25

Q. Sorry, had precipitated the  
arrest and I gather you found out from Dr. Freedom  
that maybe if a doctor had been at the bedside when  
the NG tube was passed or maybe if atropine had been  
at the bedside, the child might have been saved?







G4

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A. Yes.

3

Q. And I gather that nurses are  
good at "what if", "maybe if"?

4

5

A. Yes.

6

Q. That that is a normal process  
of questioning or second guessing the treatment that  
is provided?

7

8

A. Yes.

9

Q. And I gather that you had clearly  
understood that you weren't being blamed for the  
Adamo arrest?

10

11

A. That is right.

12

13

Q. But that you knew even after  
Dr. Freedom had told you, "Look, you didn't do anything  
wrong", that you might have to insert another NG tube?

14

15

A. Yes.

16

Q. And that the Hospital's policy  
with respect to nurses inserting the NG tube didn't  
change?

17

18

A. That's right.

19

20

Q. In other words they didn't say  
"Look, atropine must be at the bedside and only  
a doctor can do it"?

21

22

A. No, they didn't.

23

24

Q. So in terms of your October 23rd

25





1  
2 concerns that were picked up by the other nurses,  
3 might it be explained in the fact that you were  
4 concerned that you might again have to do an insertion  
5 of an NG tube?

6 A. Yes.

7 Q. And that that might again  
8 precipitate the arrest of a child?

9 A. I can remember feeling anxious  
10 about having to do another one, yes.

11 Q. And do you remember passing  
12 that anxiety on to other nurses?

13 A. Yes.

14 Q. So as far you can recall did you  
15 pass on your anxiety that it was somehow your fault,  
16 that you were blamed?

17 A. I don't know if it was my fault.  
18 It was more a concern that if we did put down another  
19 tube and another child did arrest, what would happen  
20 again, and I felt awful that the NG had precipitated  
21 it, but it was a procedure that I had done many times  
22 in the past and I knew I would have to do in the future,  
23 but the idea at that time just scared me right after  
24 Adamo.

25 Q. And that was a very real concern  
in your mind?





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2

A. Yes.

3

Q. And is that what you intended to

4

communicate to the members of the team on I believe

5

it was October 23rd meeting?

6

A. Yes.

7

THE COMMISSIONER: Yes. All right. We  
will take 20 minutes.

8

---(Short recess)

9

---(Upon resuming)

10

THE COMMISSIONER: Miss Symes?

11

MS. SYMES: Mrs. Trayner, I

12

would like to ask you some questions about your role

13

as a team leader. Not so much what happened in

14

theory or what was supposed to happen in theory but

15

what happened in practice when you were in charge of  
managing the nursing care given to patients on 4A.

16

I gather that you have told Mr. Lamek

17

that as team leader on 4A you didn't make it a

18

practice to go over to 4B, but you would go, say for

19

example, in an emergency, a cardiac arrest, or if a

20

nurse on 4B said "come and give me a second opinion"

21

about a 4B child .

22

A. Yes.

23

Q. Or if one of your own team was

24

relieving on 4B and it was then a social occasion,

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G6







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I want to ask you did the team leader particularly on 4A ever go over to 4B and actually give medications other than in, say, an arrest situation?

A. I can't - I can't recall that I ever did, no.

Q. And can I ask you conversly would Bertha Bell come over from 4B and give medication to a baby on 4A?

A. I can't recall any specific incident but it wouldn't be unusual that we may do that.

Q. It may happen?

A. It may happen.

Q. Now I want to ask you about two 4B babies, Manojlovich and Inwood. I believe you have got the Manojlovich chart. Died in the early hours of March 12th on 4B, and the nurse in charge of that child was Miss Harwood-Jones, and I believe that I have signalled to you on the chart the nursing note which I believe is on page 181 of the Manojlovich patient record.

Are you with me on that?

A. Okay.

Q. Miss Harwood-Jones at that particular time was a relatively new nurse?





1

2

A. Yes.

3

Q. And she was clearly on 4B?

4

A. Right.

5

Q. And I gather she wasn't a friend  
of yours, a social acquaintance?

6

A. No.

7

Q. Now during that night of 11/12th  
of March, were you aware that the child had in fact  
cried most of the night and that Miss Harwood-Jones  
had real difficulty, really had been unable to settle  
that child?

11

12

A. No, I wasn't.

13

14

15

16

Q. And it is my understanding that  
Miss Harwood-Jones in fact spent a great deal of time  
with this particular child, Manojlovich, because she  
was so demanding of nursing care? That is Manojlovich,  
the patient, was demanding of nursing care?

17

A. She may have been, yes.

18

19

Q. You have testified that you were  
not in her room until she in fact had arrested?

20

A. Right.

21

22

Q. Do you ever recall being asked  
to come and look and give a second opinion for that  
child?

23

A. No, I wasn't.

24

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G8





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Q. So I gather then you are not aware of the course of this child before the arrest?

A. No, I wasn't.

Q. As far as you know then, you went over and provided no care to that child, not even looking at the child, until after the child had gone into arrest - got into difficulties and arrested?

A. That's right.

Q. Now the Inwood which was the next night - I think I have given you that chart. Again another baby dying on 4B. Also assigned to the same nurse, Miss Harwood-Jones. I believe the terminal events are listed on page -

A. 62?

Q. 63 of the chart; is that right?

A. Right.

Q. That is her signature indicating that she had care of that child?

A. Yes.

O. Are you aware that there was real concern about this particular child all evening by Miss Harwood-Jones?

A. I was aware that there was concern early in the evening after report.

Q. And for whatever reasons - are







1  
2 you aware that for whatever reason Miss Harwood-Jones  
3 felt uncomfortable leaving that child alone?

G10 4 A. I didn't realize it was Miss  
5 Harwood-Jones. I think Mary Jean Halpenny was  
6 concerned as well.

7 Q. She is a team leader of Miss  
8 Harwood-Jones.

9 A. Yes.

10 Q. So you knew from Miss Halpenny  
11 that there were concerns about that child that night?

12 A. Yes.

13 Q. And I am asking you are you aware  
14 that Miss Harwood-Jones was - she couldn't put her  
15 finger on it, but was really concerned about the  
16 patient's condition?

17 A. No, I can't say that I was.

18 Q. Were you aware that in fact she  
19 didn't take her coffee break or lunch break that night  
20 at the nursing station but in fact took her coffee  
21 and her lunch and went back to the room to sit with  
22 patient Inwood?

23 A. I don't recall having a break  
24 with her or seeing her at the nursing desk.

25 Q. But do you recall nurses trying  
to coax her to come out of the room? That is, come





G11

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take a break; you need to have a break to relax, and  
she wouldn't leave patient Inwood?

4

A. No, not really.

5

Q. You don't recall that? And were  
you in that room 413 before the child arrested?

6

7

A. I was in at - it must have been  
about a quarter to 8:00, 8:00 o'clock; there was  
Miss Harwood-Jones, there was myself, there was  
Mary Jean Halpenny, there was the team leader from  
4A side - I mean 4B side day shift.

10

11

Q. Yes.

12

13

14

15

16

17

A. And Susan Nelles was there as  
well. And I can recall them being concerned about  
this child that evening, and I thought they had  
called for a doctor to come up earlier that evening  
after 8:00 o'clock, but I may be wrong. But there  
was a great amount of concern for the child at that  
time.

18

19

20

21

Q. And am I fairly characterizing  
it that you couldn't put your finger - that nurses  
couldn't put their finger on what was wrong. It was  
a feeling that something was wrong about that child?

22

A. Yes.

23

Q. The whole shift?

24

A. Yes.

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G12

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Q. And after 8:00 o'clock you say being there, can you recall being in the room again until the child arrested, gets into trouble and arrests sometime at 2:30 in the morning?

A. No.

Q. In baby Miller's case on the Friday night, we have heard some evidence about the cardiac alarm sounding and I gather you have told us that that may well be because there are problems with respect to the child?

A. Yes.

Q. That is problems with respect to the heart rate too low or too high?

A. Right.

Q. But I gather that there may also be causes for the alarm sounding that have nothing related to the condition of the child?

A. Right.

Q. Could you tell us what might cause the alarm to sound when there is nothing wrong with the child?

A. If the child was diaphoretic, perspiring a lot, the electrodes may slip off the skin and then the alarm would sound for that. The child is moving quite a bit or is irritable and is







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crying, could pull the leads off and that would sound the alarm. The sensitivity button the cardiac monitor may be set too high or set too low and if the child cried or had the hiccups that would be a reason for it to go off as well.

The monitor is only a machine and there could be something wrong with the machine as well and have nothing to do with the heart rate at all, but it could go funny, it could go very high or show an erratic strip for no apparent reason except that there may be problems with the machine.

Q. I gather if the machine sounded if you went in and checked the baby, the baby was within normal range, that would be considered to be essentially a machine failure?

A. Yes.

Q. A false alarm?

A. Right.

Q. And perhaps you might assist us; in a course of a shift with a child on a cardiac monitor is it unusual for it to go off as a false alarm?

A. No, it is not.

Q. In fact of all the times - I gather every time that the alarm goes off a nurse





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would rush in to the room to see if it is in fact something wrong with the child?

A. Yes.

Q. Of all the times that a nurse goes in to answer the alarm, what proportion of them would be false starts - false alarms?

A. Oh, I don't know.

Q. Are they rare?

A. No, they could happen all night on one child and have nothing to do with the child or the infant at all. It could just be the machine. I would guess to say at least one time during the night the alarm would go off for no reason and it would be the machine or a lead falling off.





BmcB.jc  
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Q. Sometimes do you just get so frustrated with the machine alarming when there is nothing wrong with the child that you put a new machine on, attach a new machine?

A. We have done that in the past, yes.

Q. Now, on that particular night you say that you can remember the alarm sounding after 1 o'clock?

A. Yes.

Q. After you have given the gentamicin?

A. Yes.

Q. But I gather that you have no recollection today of the alarm going off before 1 o'clock?

A. No, I don't.

Q. But you know that other people, Bertha Bell, for example, have testified that in fact she did hear the alarm go off before 1 o'clock, in fact, before midnight?

A. Right.

Q. You know she has given that evidence?

A. Yes.







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Q In that particular case when you have a child the age of Baby Miller, her monitor rate you said was set at about 60, that is, if the heart rate fell below 60 that the alarm should sound?

A Yes.

Q And when a child sleeps does the heart rate decrease sometimes?

A Yes.

Q And is that what was happening in this particular case?

A It could have been. I wasn't aware that there was any problems with Allana Miller, so, I don't think there was anything terribly wrong, it could have been the machine, it could have been that she was pulling the leads off or the electrodes and nobody voiced any concern to me.

Q Is it also possible that the heart rate just dipped, when the alarm sounds the nurse would go in and arouse the child?

A Yes, that would be possible too.

Q That would be the proper nursing to do?

A Yes.

Q And then listen to the heart-beat with the stethoscope?





H.3

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A. Yes.

3

Q. And reset the alarm I presume?

4

A. Right.

5

Q. And with a child of that age

6

I gather you have to spend some time with the child,  
settling the child down?

7

A. If the child woke up because

8

of the alarm going off.

9

Q. Or if you woke the child?

10

A. Yes.

11

Q. And so the nurse might have to

12

spend a few minutes acclimatizing the child again so  
that she goes to sleep?

13

A. Right.

14

Q. And then I presume they would

15

report to you as team leader what they had done?

16

A. If there was any problem.

17

Q. Is it possible - I mean, you

18

have said you are not aware of any concern about

19

Miller before 1 o'clock, is it possible that other

20

nurses went through this routine that I have just

21

described, told you that the alarm had sounded but

22

that there was no problem? Is that a possible

23

explanation for the conflict between their recollection

24

of the alarm going off and you not having a recollection

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H.4

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and having no concern about the child before that  
point?

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A. That's a possibility, yes.

5

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Q. Because I gather that wouldn't  
stick in your mind, the fact that the alarm had  
sounded and there was no concern about the baby?

7

8

A. Right.

9

Q. On Miller's chart, on page 42  
of the nursing notes, are you with me?

10

A. Yes.

(2)

11

Q. It's in two parts. It's from  
1900 to 3 a.m. and then after.

12

13

A. Yes.

14

Q. Mr. Percival asked you some  
questions as to whether or not or the significance to  
be attached to the nutritional rate of 50 cc's of  
apple juice at 2100 hours and that there was nothing  
recorded in time from 2100 hours until 1:45.

15

16

17

18

A. Right.

19

Q. Now, when you were doing  
nursing charting I understood that you used PMOR?

20

21

A. Right.

22

Q. POMR?

23

A. Right.

24

Q. And that means doesn't it that

25







H.5

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it is listing the problems?

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A. Yes.

4

Q. And when you chart for a child,  
do you chart then in terms of the problems that the  
child had?

6

A. Yes.

7

8

Q. And is that the big difference  
between this method of charting and a time sequence  
method of charting?

9

10

A. Yes.

11

12

Q. Now, Susan Nelles in this one  
has clearly used the problem method of charting?

13

A. Yes.

14

Q. In other words, she refers to  
apex, chest, colour, behaviour and nutrition?

15

A. Right.

16

17

Q. Are those nursing problems, or  
so-called nursing problems?

18

A. Yes, they would be.

19

20

21

Q. So, the fact that they are in  
that order is it fair to say that has nothing to do  
with the time but just with respect to the fact that  
those are the nursing problems that have been identified?

22

A. Yes.

23

24

Q. So, the fact that the nutrition

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H.6

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is listed last at 2100 hours is no reflection that that's the last observation or nursing assessment that was made of the child?

5

A. That's right.

6

7

Q. In fact, of all of those things that is the least significant in terms of nursing priority or observation?

8

A. Yes.

9

10

Q. And is that why it might be at the last?

11

A. Yes.

12

13

Q. When you drew up the gentamicin for this child for 1 o'clock I gather that gentamicin comes in a multi-dose vial, is that correct?

14

A. Yes.

15

16

Q. It is one of the pieces of glass that has a rubber stopper to it?

17

A. Yes.

18

19

Q. So, it can be used until it is empty but used for several children to draw up their amounts of gentamicin?

20

21

22

23

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A. It can be, I don't believe we used that on 4A, I think we may have just discarded it after we had drawn up ours but you can, we did it for the ampicillin and everything else.





H.7

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Q. But for Miller and gentamicin would you use the same vial, that's glass with the rubber stopper, each time she was to get gentamicin until it was gone?

THE COMMISSIONER: I think she just said she did not.

MS. SYMES: She said on 4A.

THE WITNESS: On 4A I don't believe we did. I know we used it with ampicillin and penicillin. I'm not sure that we did with gentamicin, we may have, depending on the dosage.

THE COMMISSIONER: I'm sorry, you may have which, used it again or you may have discarded it?

THE WITNESS: We may have used it again.

THE COMMISSIONER: But that means you may equally have discarded it, is that what you're telling us?

THE WITNESS: Yes.

MS. SYMES: Q How big was the vial in the sense of how much did it contain when full?

A. I think there was 1 cc in it, 20 milligrams was equal to 1 cc.

Q. And this child I gather was to receive gentamicin 10 milligrams IV?

A. Yes.







H.8

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Q. How much is one dose for Miller compared to the vial?

A. There would be half a cc, .5.

Q. So, in other words, you would get two doses for Miller?

A. Right.

Q. From one of the vials?

A. Yes.

Q. In answer to the question the Commissioner asked you, are you not sure whether you would draw up two doses from the one vial before discarding it or whether you would simply draw one and waste the other gentamicin?

A. It's possible that we could have wasted it and drew up a new one.

Q. This child was on gentamicin Q8H, that's every eight hours?

A. Right.

Q. So, it may be that you discarded half of the gentamicin each time you gave it?

A. Yes.

Q. I would like to ask you about Baby Cook. When you arrived in the room after your report, you have told Mr. Roland again today that there were two syringes and two ampules, smoky ampules





H.9

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taped to the end of the bed?

3

A. Yes.

4

Q. Did you also see two unopened  
ampules beside the bed?

5

6

A. I don't think so, I can't  
recall that.

7

THE COMMISSIONER: Unopened ampules?

8

MS. SYMES: Unopened ampules.

9

10

THE COMMISSIONER: Have we had any  
evidence about that?

11

MS. SYMES: Johnstone.

12

THE COMMISSIONER: She said she saw  
that?

13

MS. SYMES: Yes.

14

15

16

17

Q. Mrs. Trayner, the taping of a  
syringe to the end of the bed from a prior shift, had  
you ever in your time at The Hospital for Sick  
Children seen that practiced before?

18

A. No, I hadn't.

19

20

Q. And I gather today you have no  
idea who drew the syringe?

21

A. No, I don't.

22

Q. And you say that you presume it  
was done on days?

23

A. Yes.

24

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H.10

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Q. And at some point in answer to Mr. Lamek you had said that you thought it was the relief nurse from the Intensive Care Unit, Mrs. Palmer?

A. Yes.

Q. Now, it is my information that she has given a statement to the Commission that she was not the person who drew up those syringes. If that is so, do you have any other evidence that would say that it was Mrs. Palmer who drew it up?

A. No, I don't.

Q. And you said that the drawing up you understood had occurred on days in an emergency?

A. Yes.

Q. What was your understanding of the emergency?

A. I had understood from Marie Mandal, who was the team leader on the day shift, that Justin Cook had had a severe blue spell at around 6 o'clock and there was a great concern for him at that time that Marie Mandal had pushed the crash cart and brought it into the room and everybody was very anxious and very agitated and wondering what was going on and what to do next. I can remember that Marie Mandal was very upset with Dr. Jedeikin because he had told them to calm down and don't be so







H.11

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paranoid and, you know, all we need is the Inderal.

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A. Yes.

11

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Q. And other than that, can you help us about the circumstances of its drawing?

13

A. No.

14

15

16

Q. Now, you have said that you received report from Marie Mandal that when the child had a blue spell I gather he was given Inderal - this is at 6 p.m.?

17

A. Yes.

18

Q. And it was given IV push?

19

A. I believe so, yes.

20

21

Q. Did Marie report to you that the child had pinked up like magic?

22

A. Yes.

23

Q. In other words, it had worked

24

25





H.12

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very quickly?

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A. Yes.

6

Q. And very satisfactorily?

7

A. Right.

8

THE COMMISSIONER: This is at 6 p.m.  
we are talking about here?

9

THE WITNESS: Yes.

10

THE COMMISSIONER: The night before?

11

THE WITNESS: The day of.

12

MS. SYMES: The night of, sir.

13

THE COMMISSIONER: The night of, yes,  
the night before his death?

14

MS. SYMES: Yes, sir, if it is

15

continuous in time.

16

THE COMMISSIONER: You are right, but

17

it is within the 24-hour period?

18

THE WITNESS: Right.

19

THE COMMISSIONER: But it is the night

20

before.

21

MS. SYMES: Q. Now, Mrs. Trayner, the

22

real concern about this child Justin Cook was that he  
might have another blue spell?

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A. That's right.

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Q. I mean, that's what you were worried about?

A. Yes.

Q. And that's why constant nursing care was assigned or ordered?

A. Yes.

Q. It was a blue spell that you were concerned about?

A. Yes, and he had just had a cardiac catheterization that day and that takes a lot out of a healthy infant and takes a lot more out of a sick infant. There was the concern that he could have more problems during the evening.

Q. So, when you were called you said after the coffee break or supper break by Susan Nelles, and I think you have placed it at about 3:30 or thereafter, I think you said that Susan Nelles asked you if Cook was slightly blue, if you thought he was slightly blue?

A. Yes, slightly bluer.

THE COMMISSIONER: It was just bluer to you, it's not slightly. Did she say slightly?

THE WITNESS: No, I think Susan said does Justin look bluer to you.

MS. SYMES: Q. Indicating that there





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had been a change?

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A. Yes.

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Q. And while you observed that

5

child did you see him getting bluer, more blue?

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A. Yes, he was.

7

Q. So, when you and Miss Johnstone

8

went in to see Cook at Susan Nelles' request, could  
you see that child deteriorating before your very eyes?

9

A. Yes.

10

Q. And when Kantak arrived,

11

Dr. Kantak arrived you have told us that he gave the  
medication that was in the syringe taped to the end  
of the bed?

13

A. Yes.

14

Q. And I gather that there was

15

some dispute between Dr. Kantak and you, Mrs. Johnstone  
and Susan Nelles as to the effect on that child of  
that medication?

17

18

A. Yes, there was.

19

Q. In other words, Kantak said

20

optimistically he looks a little better, doesn't he?

21

A. Yes, he did.

22

Q. And I gather the three of you

said no, he does not?

23

A. That's right.

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Q. In other words it was your judgment and Johnstone's judgment and Nelles' judgment, that the medication had made no difference to this child?

A. That, and that he actually looked worse.

Q. It hadn't improved him, and in fact he was getting worse?

A. Yes.

Q. So he gave some more, I gather?

A. Yes.

Q. Was that a real surprise to you, that whereas the Inderal had worked like magic on the day shift, in reversing the blueness and in fact returning Cook to health, it had no effect at all at 3:30 or 3:45 in the morning?

A. Yes.

Q. Was there any discussion about the fact that it hadn't worked?

A. We had -- Dr. Kantak had still insisted that the child looked better than he had when he first arrived in the room, and the nurses collectively the three or four of us that were there, thought he didn't; in fact he looked worse and perhaps he should be taken down to the Intensive Care





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Unit or that someone should come up that could properly treat this child. We knew that nursing management was that when a child has a blue spell Inderal and morphine are given and the child is put in oxygen in the knee/chest position. We suggested the morphine to him and I think that was verified when he went up to speak to Dr. Jedeikin, and Dr. Jedeikin had asked him had he given the morphine, and he said he would now. We gave him the morphine and he was to phone Dr. Jedeikin back within the minute, because that usually brings the pinkness around again, and it didn't at this time either.

Q. Do you remember any discussion about the observation that whatever was going on, the Inderal wasn't working?

A. Yes.

Q. And that this was in contrast to what had happened at 6:00 p.m.?

A. Yes.

Q. Now we see from Cook's chart, in the nursing notes, the only recording of how much of this Inderal that Dr. Kantak has given, and that is, it is I believe on page --

THE COMMISSIONER: Page 30.

MS. SYMES: Pardon me.





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THE COMMISSIONER: Of the Inderal,  
the top of the page.

MS. SYMES: I'm sorry, I have it on  
page 27.

THE COMMISSIONER: That is probably  
very true.

MS. SYMES: Q. At page 27 of Cook's  
chart --

A. Yes.

Q. -- we have in the middle of  
the page some very small handwriting.

A. Yes.

Q. Is that Dr. Kantak's?

A. I believe so.

Q. And other than his record of  
0.4 ml's and then 0.2 ml's is there any other  
independent assessment as to how much of that syringe  
at the end of the bed he actually gave that child?

THE COMMISSIONER: Page 30, as I  
suggested to you, it appears to be Dr. Mounstephen  
put that down. Isn't it, on page 30? I don't know,  
it may be something else.

MS. SYMES: Yes. I was looking at  
something else. It is there on page 30.

Q. Just turning to page 30, that







1  
I4 2 is signed by Dr. Mounstephen?  
3 A. Yes.  
4 Q. Was he there during the time  
5 that the Inderal was given?  
6 A. No, he wasn't.  
7 Q. Going back to page 27 then  
8 of the chart, in the centre of the page there is  
9 Dr. Kantak's note.  
10 A. Yes.  
11 Q. And in that he has recorded,  
12 hasn't he, that he gave Inderal 0.4 mg. and further  
13 down 0.4 again?  
14 A. Yes.  
15 Q. 0.2, I apologize.  
16 A. Yes.  
17 Q. Do you know how a doctor  
18 determines how much he has actually given from the  
19 syringe? This is obviously a very stressful situation  
20 that was occurring with respect to Cook. Are they  
21 measured? Are the syringes measured at the end?  
22 A. If it was drawn up and taped,  
23 then they would have drawn up 1 cc., the whole vial.  
24 Q. Yes. Which would have  
25 delivered 1.0 ml.?  
A. Yes.





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And he would just calculate from how much he had squirted into the IV in which he was giving it.

Q. Is there any check at the end to make sure what he thinks he has given is the balance that is 1 minus the amount that is left?

A. No, there is not.

MR. ROLAND: Sir, Miss Symes asked the witness about whether Dr. Mounstephen was there. He signed the medication at the bottom of page 30. Of course, we know that wouldn't have been written by him; that would have been written by a nurse.

MS. SYMES: That's right.

MR. ROLAND: It is usually a nurse's writing at the top and the Inderal .4 and .2, and she is there to see what is given and record it. I don't know whose handwriting it is but it is presumably a record by the nurse who was present.

MS. SYMES: You are right.

Q. Do you recognize that handwriting?

A. No.

Q. I had thought it was that of Susan Reaper. Is that possible?

A. I thought it might have been but





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I'm not positive.

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Q. Can you recall whether or not  
Susan Reaper was there from the beginning of the first  
dose of Inderal?

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A. I don't remember seeing her  
in the room, no.

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Q. Did she come at the time of  
the arrest?

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A. She would have, yes.

10

11

Q. Now Mr. Hunt and Mr. Percival  
have asked you some questions about differences in  
nursing judgment between you and Susan Nelles.

12

13

A. Yes.

14

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Q. Is it fair to say that nurses  
are required to make independent nursing judgments,  
for example, the assessment of patients or the care  
to be provided to patients; nursing care?

17

A. Yes.

18

19

Q. Is it fair also to say that  
there is no black-and-white rules?

20

A. In most cases, yes.

21

22

Q. And that in fact in the care  
of a patient there could be legitimate and honest  
differences of opinion between two nurses?

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A. Yes.

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Q. It is not that one is

categorically wrong and the other one is categorically  
right; it is a matter of judgment?

A. Yes.

Q. And when you have two nurses  
with different opinions, you have got to thrash  
them out, don't you?

A. Yes.

Q. And is it proper and pro-  
fessional to sort through those differences as opposed  
to simply deferring to the team leader?

A. Yes.

Q. In other words it is not  
a major situation that whatever the team leader says  
goes?

A. No, it is not.

Q. Ideally what you are to do  
is -- it is not essentially the industrial assembly  
line kind of rule; that is, the boss is always right?

A. That's right.

THE COMMISSIONER: Not like a  
Commission where the Commissioner is always right!

THE WITNESS: Right!

MS. SYMES: Q. Mrs. Trayner, then  
in terms of nursing differences of opinion, I presume







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I8 2 You have had them all your nursing career and they  
3 are perfectly normal?  
4 A. Yes.  
5 Q. And you have always had to  
6 sort through them in order to decide what kind of  
7 care to give to the patient?  
8 A. Yes.  
9 Q. And it is a matter of  
10 essentially collaboration; you listen and then someone  
11 makes the decision as to what to do?  
12 A. Yes.  
13 Q. Is it fair to say that these  
14 differences and sorting them out, under stress, the  
15 discussions become a bit heated?  
16 A. They may.  
17 Q. And you have told us that  
18 it is your recollection of the pacemaker dispute,  
19 or disagreement, with Susan Nelles that you had was  
20 simply a question of nursing judgment; is that right?  
21 A. I think it was something, it  
22 was the wrong thing that had been brought in and it  
23 was just, that's not right; it's the other thing that  
24 we need.  
25 Q. And if you were loud at that  
time, you and Miss Nelles, could that be a reflection





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of the stress that you were under with respect to the arrest and resuscitation efforts for Hines?

A. It was a very highly anxious night that night. It was almost a two and a half hour arrest and there was hope that the child would go down to the Intensive Care Unit and it was just anxiety and voices may have been raised because we wanted it and we wanted everything to be right.

Q. And so we should attach no real significance or importance to the fact that voices were raised during that arrest?

A. No. Susan and I didn't, you know, we actually hugged each other at the end, that it really wasn't a big thing.

Q. And we shouldn't make a big thing of it today?

A. No.

Q. I would like you next to talk about Dawson and the difference between Susan's judgment that a Code 23 should have been called and your judgment that a 25 should have been called. It was -- Amber Dawson was Susan's patient?

A. Yes.

Q. And she thought a Code 23 was appropriate?





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A. Yes.

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Q. And I gather that you went in  
to see the child and you assessed the situation?

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A. Yes.

6

Q. You looked at the child and  
made a nursing judgment?

7

A. Yes.

8

Q. And your judgment was Code 25?

9

A. Yes.

10

Q. Different than Susan's?

11

A. Yes.

12

THE COMMISSIONER: I'm sorry, I  
missed that. You referred to it as what?

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14

MS. SYMES: A Code 25, sir, which  
was different than Susan's --

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THE COMMISSIONER: No, no. I under-  
stand that.

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MS. SYMES: Q. And I gather that  
ultimately someone has to make the decision which one  
to call?

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A. Yes.

21

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Q. And as team leader you are  
supposed to collaborate with your team and then it  
is ultimately your responsibility?

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A. Yes.

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Q. Now when you went in to do the assessment on this child, I gather that Amber Dawson was very ill?

A. Yes.

Q. And was it also your nursing judgment that she was deteriorating?

A. Yes, she was.

Q. Ill and getting worse?

A. Yes.

Q. And in fact she was ill, getting worse and might well arrest at any moment?

A. Yes.

Q. Is that your judgment?

A. Yes, it was.

Q. Is it fair to say that children get ill very quickly?

A. That was my experience.

THE COMMISSIONER: The problem as I understand it has nothing to do with whether the child was getting worse; it was whether the child had arrested or not at the time. If the child had arrested then obviously you start the CPR. If the child had not arrested it may be, am I not right, it is dangerous to start the CPR; isn't that the problem?

THE WITNESS: But we never started





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THE COMMISSIONER: That is the important thing, whether you do or do not start CPR I don't think the fact that you call or don't call a Code 25 makes a great deal of difference, because the arrest team, probably the sooner you get them there or not. As I understood it the problem was there was a danger that if you call a Code 25, when someone starts to do the pulmonary massage, that may do more harm than good, if the child's heart is still beating? Is that not a danger?

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THE WITNESS: That may be a danger. But I never saw that as a problem.

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THE COMMISSIONER: But you never did start it.

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THE WITNESS: No.

THE COMMISSIONER: Who would start it, when you call a code 25 who would start the massage?

THE WITNESS: We wouldn't start the massage until the child had actually gone asystolic.

THE COMMISSIONER: That means there is no heart beat or it was non-existent.

THE WITNESS: Yes.





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MS. SYMES: Mr. Commissioner, my questioning is going to the very essence of what was the dispute, was it in fact a dispute as to when to start CPR, or was it in fact --

THE COMMISSIONER: You see I have an answer that satisfies me if you want to get one that satisfies you that will be fine.

MS. SYMES: Okay.

Well the dispute was not, just to summarize that, the dispute had nothing to do about whether or not someone should actually start a CPR.

A. No, that wasn't the dispute at all.

Q. It was in fact a dispute as to whether or not to call a code 23 or 25?

A. Right.

Q. And no CPR was started on this child until --

THE COMMISSIONER: That is just what she has been telling you but if you want to repeat it that's fine, it puts in the time until lunch. I thought I got that answer from her.

MS. SYMES: Yes, Mr. Commissioner.

That starting of the CPR had nothing to do with the dispute?





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A. No.

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Q. And when you answered the

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Commissioner, you said that obviously it is desirable  
to get the resuscitation team there as soon as possible.

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A. That was my feeling, yes.

6

Q. And in fact not only is that

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always a good thing, in Dawson's case you had by that

8

time several arrests, several resuscitations and all

9

of them had been unsuccessful?

10

A. Right.

11

Q. So on that particular night

12

you were in addition pretty edgy?

13

A. Yes.

14

Q. And so you ultimately made

the decision then to call the 25?

15

A. Yes.

16

Q. Now I gather that very

17

shortly thereafter you discussed this incident with

18

your head nurse, Liz Radojewski?

19

A. I think I did. I remember

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speaking to one of the clinic specialists, that's  
more clear.

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Q. But that discussion was before  
your wedding; is that fair?

A. Yes.

Q. Not at the time you were  
evaluated in November of 1980?

A. Right.

Q. But in the summertime im-  
mediately after the death of Amber Dawson?

A. Yes.

Q. And at that time do you  
recall trying to explain why you had taken the step  
of calling the 25?

A. Yes.

Q. And you also recall that  
Susan Nelles gave her version as to why she thought  
the 23 was appropriate?

A. I believe so, yes.

Q. And did Liz Radojewski in  
fact agree that you had made the right decision,  
that the 25 was appropriate?

A. She had and so had the  
clinical specialist, Janet Bede.

Q. And what had to be sorted out  
according to Liz Radojewski was that you and Susan  
had to find a way to deal with the fact that you had





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differences in your nursing judgments?

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A. Yes.

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Q. And that these differences

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were going to continue because you were -- two nurses

6

may well have different nursing judgments on a

7

patient --

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A. Yes.

9

Q. And what you had to do, the

10

problem that had to be resolved is how to sort out

11

those differences in a way that was less stressful

12

or confrontational than had occurred on that night

13

of Dawson's death?

14

A. Yes. I really can't

15

remember with Liz Radojewski but I can remember

16

with Janet Bede. Now I may have spoken to Elizabeth

17

as well about the same thing that we are saying about

18

Liz, it happened with Janet Bede as well.

19

Q. But am I fair enough to say

20

that the bottom line you had to sort out with Susan

21

Nelles was not when a Code 25 was called but how to

22

sort out legitimate differences in nursing judgment?

23

A. Yes.

24

Q. That is how to deal with them?

25

A. Yes.

Q. That you couldn't deal with it





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in an authoritative way?

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A. Yes.

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Q. That wasn't going to work?

5

A. Right.

6

Q. And you had to sort out them

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in a way that was going to cause the right decision  
to be made and not a lot of confrontation?

8

A. Yes.

9

Q. And is that all that difference

10

between the 25 and 23 incident is?

11

A. Yes.

12

THE COMMISSIONER: It might have

13

something to do with calling the team before it was  
necessary. Wouldn't that have something to do with --

14

MS. SYMES: Well, Mr. Commissioner,

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I would suggest absolutely not; that the 25 was the

16

appropriate -- it was judged that the 25 was the

17

appropriate --

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THE COMMISSIONER: I'm not saying --

19

I am not referring whether the 25 or the 23, but there

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is a problem obviously if you call the team every time

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the child has some kind of difficulty and the team

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may get a little cross after a while if it is called

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25 times a night.

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Now that isn't another problem. I

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don't think the 25 and the 23 debate is really that important to anything we have to decide, but surely that is an obvious problem. If you call 25 every time the child looks sick, it may well be -- there is an old tale about crying wolf that we heard when we were small children and you just don't do it all the time or eventually nobody will pay any attention and the wolf will eat you up.

MS.SYMES: Well, Mr. Commissioner, perhaps if I could ask a question to determine if that ever was a reality.

THE COMMISSIONER: Well, certainly with these babies it was never a reality.

MS. SYMES: Well, let me ask.

Q. In that nine-month period that you were team leader did it ever occur that you called a Code 25 and it wasn't necessary?

A. No, and we had never heard anything from the doctors. They were actually glad to be there at that time.

THE COMMISSIONER: There was never a successful resuscitation and there was never a 25 that the child didn't die except in the case of Janice Estrella; isn't that right?

MS. SYMES: Q. No, but did the





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doctors ever complain that the Code 25 was being called too soon?

THE COMMISSIONER: But all I am getting at, you are trying to get me to solve the problem between Susan Nelles and Phyllis Trayner, and I am not competent to do it, but that you are just -- well, I shouldn't go on any more, but I really am not too concerned as to which of them was right. As a general principle there is no doubt that Mrs. Trayner was right in all of these cases if she were responsible for calling a Code 25, because the children died.

MS. SYMES: But, Mr. Commissioner, Mr. Hunt cross-examined at length as to whether or not this -- in his words it was a significant fact that there was a dispute, a significant fact going to motive.

THE COMMISSIONER: Yes, I see.

MS. SYMES: -- with respect to the deaths of the children, and I am cross-examining, hopefully on equal time, to show that there was an innocent explanation --

THE COMMISSIONER: All right.

MS. SYMES: -- totally unrelated to a motive to do in babies.

THE COMMISSIONER: Yes. All right.





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MS. SYMES: Q. This difference then that you had in nursing judgment with you and Susan Nelles on that night, is that similar -- does that help us understand the difference that Kantak and you and Susan Nelles and Johnstone had over Cook on March 22nd?

A. We believed that this child needed somebody up there, and it was either get him down, have the Intensive Care Unit associate come up and assess this child or we would call a 25 so that we could get members of the cardiac arrest team there.

Q. In the Cook situation you clearly had four professionals standing around observing the same child?

A. Yes.

Q. And you came to very different opinions as to what was going on with that child?

A. Yes.

Q. Is that an example of different judgments about patient care, the Cook one?

A. Yes.

Q. And I gather the nurses in fact prevailed in that one?

A. Lynn Johnstone, the supervisor







J7 2 took over for that and she was able to go and get  
3 somebody.

4 Q. You were asked about pre-  
5 drawing medications in let's say critical situations,  
6 not emergency situations but potentially critical  
7 situations. And I gather it is your evidence that it  
8 was done?

8 A. Yes.

9 Q. That if a baby was seen to be  
10 in danger, medications would be pre-drawn?

11 A. Yes.

12 Q. And I gather that it is your  
13 evidence that it is good nursing practice to pre-  
14 draw medications in such situations?

15 A. If the potential was there  
16 and we felt that the child would benefit if the  
17 medications were at the bedside, then, yes, it would  
18 be.

19 Q. What I am trying to establish  
20 is was the practice of pre-drawing medications a good  
21 practice?

22 A. Yes.

23 Q. Is it a safe practice?

24 A. Yes.

25 Q. And is it also widespread  
amongst critical care nurses?







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A. Yes, it is.

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THE COMMISSIONER: It is certainly not a good practice if you put digoxin in when you should have Inderal.

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MS. SYMES: Sir, we are not talking about that particular situation.

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THE COMMISSIONER: All right.

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MS. SYMES: Q. In other words, particularly when you established that the practice was that if you had pre-drawn the medications, you discard them at the end of your 12-hour shift?

12

A. Yes.

13

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Q. In other words the only the bedside medications that are kept beside/pre-drawn are those that the nurse herself has drawn?

15

A. Yes.

16

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Q. And she is then responsible for them?

18

A. That is right.

19

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Q. So rather than being suspicious, pre-drawing medication, it is in fact a good nursing practice.

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THE COMMISSIONER: If you do it right.

22

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MS. SYMES: If you draw them correctly, sir.

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THE COMMISSIONER: Yes.

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MS. SYMES: Q. Now on March 20th, that is the night that you came on for Miller's shift, the night that Miller died. I gather that you knew that there was an investigation or you learned from Susan that there was an investigation into Pacsai's death?

8

A. Yes, I did.

9

10

Q. And that that was being carried out by the Coroner?

11

A. Yes.

12

Q. And you knew it was because Pacsai had a high digoxin level?

13

A. That is right.

14

15

Q. And you knew then those two pieces of information on March 20th?

16

A. Yes.

17

18

Q. Now after the March 23rd meeting at Liz Radojewski's, I gather you knew that the investigation was continuing?

19

20

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A. I knew that there was still the Coroner's investigation into Pacsai, but there was a Hospital investigation now, something going on on the fourth floor.

23

Q. Into what?

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J10

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A. We really weren't sure. We just knew that supervisors were on the fourth floor and that nurses were being watched giving out medication.

Q. When Liz Radojewski called you on the Tuesday afternoon, which is March 24th, and told you, you said, in very stern terms, you could not come in to work --

A. Right.

Q. -- I gather you have told us that she advised you that the investigation was still going on?

A. Yes.

Q. And any clearer as to what the investigation was other than what you have just said?

A. No.

Q. So you knew it was still about Pacsai?

A. Yes.

Q. And the question was whether it was about anybody else?

A. I didn't even know they were looking at anybody else. I thought maybe it was just policies and procedures on the fourth floor.







J11

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Q. So as far as you knew on

the Tuesday it was a definite look into Pacsai?

A. Yes.

Q. And you are not sure about

anyone else?

A. No.

Q. And when she told you that

there was going to be a meeting at the Hospital on

Wednesday morning at ten o'clock did you presume

that was going to be about the results of the

investigation?

A. Yes.

Q. And that there was going to

be a press release?

A. Yes.

Q. Was that also to explain to

everyone what was in the investigation?

A. I believed that to be what it

was going to be about, yes.

Q. And so you thought it was

about, for sure, about Pacsai --

A. yes.

Q. -- and his high dig. level?

A. Yes.

THE COMMISSIONER: I'm sorry, you





J12

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thought that the press release was going to be  
about Kevin Pacsai?

THE WITNESS: Yes.

THE COMMISSIONER: What about the  
Coroner's inquest?

THE WITNESS: That is what I thought  
it was going to be about.

THE COMMISSIONER: Well, I know,  
but they surely wouldn't give the results until the  
Coroner's inquest.

THE WITNESS: Well, I had never been  
involved in a Coroner's inquest.

THE COMMISSIONER: No, no. I am just  
asking. Miss Symes put to you that you thought the  
press release was going to be about Kevin Pacsai  
and his levels.

THE WITNESS: I thought the press  
release would say that there is going to be a Coroner's  
investigation into the death of Kevin Pacsai.

THE COMMISSIONER: Oh, I see. All  
right.

THE WITNESS: And maybe something  
else to do with procedures on the fourth floor.

MS. SYMES: Q. And as far as you  
knew there was nothing else; that is, no other babies





J13

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that were being investigated?

3

A. No.

4

Q. So you thought that it would

5

be not only the investigation but the meeting at  
the Hospital at ten and the press release would all  
be around Pacsai?

7

A. Well, I knew that they were

8

looking -- they had done samples on Justin Cook. Now

9

whether that involved the whole investigation of the

10

Hospital and fourth floor policies and procedures,

11

that may have something to do with it, but it was

12

basically Pacsai and what was happening from the  
Saturday night on to Tuesday.

13

Q. But Pacsai was a 4B baby?

14

A. Yes.

15

Q. And is that why you were

16

so concerned? That is, Pacsai is a 4B baby; why

17

can 4B come in and not 4A, 4B nurses and not 4A?

18

A. That crossed my mind, yes.

19

Q. Because in fact that is what

20

you asked, isn't it? Why can 4B nurses come in and  
not 4A?

21

A. Yes.

22

Q. And so the puzzlement was

23

if this was about Pacsai, then why was your team off

24

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J14

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and not the team under whose care Pacsai died?

A. That too, but I did believe on the Sunday night that it was the stress of Justin Cook that they had given us the time off.

Q. Did you ask Liz Radojewski for an explanation?

A. Why we couldn't come in on the Wednesday?

Q. Why you couldn't and 4B could.

A. I did, and she told me that was all she could say.

THE COMMISSIONER: Can you give us some indication of how much longer you will be?

MS. SYMES: About ten minutes at the most.

THE COMMISSICNER: Yes. All right. Thank you.

Mr. Knazan, how long will you be?

MR. KNAZAN: Twenty minutes.

THE COMMISSIONER: Mr. Olah?

MR. OLAH: About an hour, sir.

MR. LABOW: About an hour.

THE COMMISSIONER: I just want to know whether we'll be going into tomorrow, and it does look that way. Yes. All right. Until 2:30 then. --- luncheon recess.







30apr84  
AA  
BMcrc

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--- on resuming at 2:15.

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THE COMMISSIONER: It seems it is all my fault. Apparently I inadvertently said 2:30 but I meant 2:15. I see all the major players are here, so, does anybody have any intention of having the whole Commission declared void if we proceed now?

Now then I think we will take a chance on it, Miss Symes. You will be part of the conspiracy.

MS. SYMES: Mr. Commissioner, it is on pain of death that I would wait until 2:30, so better to be safe than sorry.

Q. Mrs. Trayner, I have one last area I would like to ask you about and it is the so-called bizarre events. I simply want to ask you about one of those.

Could you have Exhibit 391 in front of you, please. It is a catalogue of the bizarre events.

THE COMMISSIONER: The phone calls?

MS. SYMES: Yes, it's phone calls and markings. I think it is the one that Mr. Sopinka put in. I see the Commissioner has the same thing.

THE COMMISSIONER: I have it, yes.

MS. SYMES: Q. You have the catalogue then of the bizarre events in front of you?





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A. Right.

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Q. My understanding is that August 21st and 22nd is a Saturday, August 23rd would be a Sunday and the event I want to ask you about is the Bank of Nova Scotia event, which was on August 26th, it is on the second page. That occurred on the Wednesday.

So, these events I guess are occurring at the rate of at least one a day every day up to and including the Wednesday of the bank phone call?

12

A. Yes.

13

Q. I've got the sequence correct?

14

A. Yes.

15

Q. There's none before this that we don't know about?

16

A. No, there isn't.

17

18

19

Q. So, I gather that you were on duty some time prior to August 26th, that is some time between August 21st and 26th?

20

A. Yes.

21

Q. And that August 26th, the Wednesday, you had the day off; is that right?

22

A. Yes.

23

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Q. And that you were going to go





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down to the Exhibition with your husband?

A. Yes, that is correct.

Q. And you were going to make a  
stop at the bank?

A. Yes.

Q. Was that for some important  
purpose, I mean, other than putting in money to cover  
the normal bills, et cetera?

THE COMMISSIONER: Or taking it out?

MS. SYMES: Yes, chequeing it out.

A. Just to take it out.

Q. And I gather that what you  
had said in questioning was that you were asked I  
believe by Mr. Hunt as to who knew that you were  
going to the bank?

A. Yes.

Q. And you said I believe that  
you had spoken that morning with Liz Radojewski?

A. Right.

Q. And you had told her that you  
were going to the Ex.?

A. Yes.

Q. Now, Mrs. Trayner, I would  
like to put another possibility to you and, that is.  
after this happened at the bank, I gather you were







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very upset?

3

A. Yes.

4

Q. And I also understand that

5

you called Liz Radojewski to tell her what had  
happened?

6

A. Yes.

7

Q. In other words, you definitely

8

called Liz Radojewski after the event at the bank?

9

A. Yes.

10

Q. And when you told her what

11

had happened, did Liz Radojewski say, now, Phyllis,

12

whoever would have known that you were going to the

13

bank; it's your day off, who knows your schedule on  
your day off? Do you remember her asking something

14

like that?

15

A. I think so, yes.

16

Q. And you said something to the

17

effect that, well, on the night before - had you

18

been working the night before?

19

A. That's a Tuesday, during the

20

day?

21

Q. Yes.

22

A. I believe so.

23

Q. You said, well, on the night

24

before when you were working, the nurses were socially

25





1  
2 chatting about what are you going to do on your day  
3 off. Do you recall that on the night before there  
4 had been this chitchat at the nursing station about  
5 what the individual people were going to do on their  
6 free time?

7 A. Not really, no.

8 Q. Well, is it possible, Mrs.  
9 Trayner, that you in fact told the people who were  
10 on duty that night that in fact you were going to go  
11 to the bank the next day before you went to the Ex.?

12 A. It's a possibility.

13 Q. Because, you see, I don't think  
14 Mrs. Radojewski has a recollection of you calling her  
15 before you went to the Ex. and the bank but she does  
16 have a recollection of you calling her afterwards.

17 A. I do remember calling her  
18 afterwards because we called her from the bank to try  
19 and get in touch with the police officers.

20 Q. Because I gather you weren't  
21 going to go with Mrs. Radojewski to the Exhibition?

22 A. No.

23 Q. And you weren't going to go  
24 with her to the bank?

25 A. No.

Q. In fact, she works those days,





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doesn't she?

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A. Yes.

4

Q. So that can you recall why

5

you would have had the occasion to have called her

6

before you left your house to go to the bank and the  
Ex.?

7

A. I thought that I was scheduled

8

to work that day, or that night, and my understanding

9

was that Liz had called me and told us that I had

10

the night off, but I may be wrong.

11

Q. So, it is possible - you

12

certainly spoke to her after the bank event?

13

A. Yes.

14

Q. And it's possible that you did

15

not speak to her before and we've got those mixed up?

16

A. That's possible.

17

Q. And is it also possible that

18

you explored with Liz Radojewski the people who might

19

have known that you were going to go to the bank on  
Wednesday?

20

A. I may have, yes, on the

21

phone.

22

Q. And at that time were you

23

living out around Islington and Bloor?

24

A. Yes.

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Q. And your bank is the Bank  
of Nova Scotia. Where was it at that time?

A. It's at Queen and Lansdowne.

Q. Did you drive there?

A. Yes, my husband drove.

Q. So you and your husband were  
together all the time?

A. Yes.

Q. From the time you left the  
apartment?

A. Yes.

Q. Until you got to the bank?

A. Yes.

Q. And how long does it take to  
drive?

A. At least twenty minutes.

Q. And you were always in the  
company of your husband at that time?

A. Yes.

MS. SYMES: Those are all my questions.

THE COMMISSIONER: Yes. All right.

Thank you. Mr. Knazan?

CROSS-EXAMINATION BY MR. KNAZAN:

Q. Mrs. Trayner, I act on behalf  
of Mrs. Christie.







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2

A. Okay.

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4

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Q. When Mr. Percival asked you  
for your assessment of Mrs. Christie as a nurse, you  
said that her weakness was in her assessing patients.  
Do you recall that?

6

A. Yes.

7

8

Q. And you told him that was the  
only weakness you perceived?

9

A. Yes.

10

11

Q. So, you had no criticism  
about her charting or her recording vital signs?

12

A. No.

13

14

Q. Now, I want to return to  
your assessment of her but for the moment could the  
witness be shown the Miller chart, Exhibit 115.

15

Do you have it there?

16

A. Yes.

17

18

Q. Page 36, there is the untimed  
blood pressure reading for which you have been  
questioned quite a bit.

19

A. Yes.

20

21

Q. And you will recall that you  
testified that was Mrs. Christie's handwriting.

22

A. Yes.

23

Q. And you also testified that you

24

25





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had a conversation with her at that time.

3

A. Yes.

4

5

Q. So, you recall her taking the  
blood pressure?

6

A. Yes.

7

Q. Do you recall asking Susan  
Reaper to take the blood pressure around that time?

8

A. No, I don't.

9

10

11

12

Q. Do you recall testifying at  
the preliminary inquiry, Volume 5, page 1179, Mr.  
Cooper was cross-examining you, and I will read it to  
you, it is very brief.

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"Q. Didn't Susan Reaper take  
Miller's blood pressure at your  
request around midnight?

A. No, that would be later on  
after one o'clock."

Do you recall giving that answer?

A. Yes.

Q. Does that help you refresh  
your memory as to whether you requested her to take  
the blood pressure on Allana Miller?

A. Not specifically. I do  
remember Susan Reaper going in and asking her what the  
problem was.





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Q. You do remember Susan Reaper  
going in?

4

A. Yes.

5

6

Q. Are you aware that she testi-  
fied that you asked her to take the blood pressure  
some time that night?

7

A. I may have, yes.

8

9

Q. Are you familiar with Susan  
Reaper's handwriting as well?

10

A. Yes.

11

12

Q. And you are familiar with  
Mrs. Christie's handwriting based on being her team  
leader for a period of almost a year?

13

A. Yes.

14

15

Q. And I have to ask you, I  
am sure that you are not a handwriting expert?

16

A. No, I am not.

17

18

19

Q. Do you remember when Mr.  
Lamek was questioning you about what Susan Nelles had  
said had been your handwriting in the Monteith chart?  
Do you recall that last week?

20

A. Yes.

21

22

23

Q. And you weren't even sure  
whether what she said was your handwriting was your  
handwriting or not?

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A. Yes.

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MR. KNAZAN: Could the witness be given the Belanger and Dawson charts, please. I don't have the exhibit numbers.

6

7

8

Q. If you would turn to page 471 of the Dawson chart, the big blue one. There are some examples of Mrs. Christie's blood pressures which are admittedly hers. Do you see that?

9

10

11

A. Yes.

Q. There are several throughout the page.

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A. Yes.

Q. If you could turn to page 158 of the Belanger chart at the same time. There is the only example of Susan Reaper's blood pressure that I could find. Now, I have photographed what I call the "untimed blood pressure" and put Mrs. Christie's samples beside it from the Dawson chart and as well I have put the one sample of Susan Reaper's from the Belanger chart.

20

21

22

Now, I would just like you to - and that gives you a blow-up of the two samples beside each other to compare it.

23

24

25

Could I just ask you, given that some times you can't recognize your own handwriting and that





1  
2 is a very small sample and that you are not a hand-  
3 writing expert and that Susan Reaper says she took  
4 the blood pressure, Volume 8 of the preliminary, and  
5 you recall possibly asking her to do that at that time.

6 A. Yes.

7 Q. And looking at those two  
8 samples and given that Mrs. Christie never had any  
9 problems with taking signs and probably wouldn't leave  
10 one untimed, as she claims, is it possible that is  
not Mrs. Christie's handwriting?

11 THE COMMISSIONER: Can you help me.  
12 What is it? What are you referring to? What entry on  
13 which chart are you referring to?

14 MR. KNAZAN: The untimed one. I'm  
15 sorry, page 36 of Miller, the untimed one.

16 THE COMMISSIONER: Oh, it is the  
Miller chart?

17 MR. KNAZAN: Yes, yes.

18 THE COMMISSIONER: I've now got the  
19 Belanger and Dawson charts. Page 36. You are trying,  
20 and you don't need to answer this if you don't want  
21 to, but you are trying to prove what? You are trying  
22 to prove that Susan Reaper took some reading in Miller's?

23 MR. KNAZAN: I would be satisfied  
24 with the witness saying she is --  
25





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THE COMMISSIONER: No, no.

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MR. KNAZAN: I am not going that  
far, no.

5

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THE COMMISSIONER: But which time  
are you trying to --

7

MR. KNAZAN: The one without the time.

8

9

THE COMMISSIONER: Oh, that one,  
the one without the time?

10

MR. KNAZAN: Yes, that's how I  
started.

11

12

THE COMMISSIONER: Is that possible  
to have been Susan Reaper's?

13

14

MR. KNAZAN: Yes, that's the  
question.

15

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THE COMMISSIONER: Is that the  
question?

17

MR. KNAZAN: Yes.

18

THE COMMISSIONER: Is that possible?

19

THE WITNESS: It is possible.

20

21

THE COMMISSIONER: Or is it likely  
or do you think you took it or what? Is that your  
handwriting, do you think?

22

THE WITNESS: No. I thought it to be  
Mrs. Christie's.

23

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THE COMMISSIONER: Oh, I see. Oh, now

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I understand what this is all about. Yes. All right, page 36, untimed entry could be whose? Could be Susan Reaper's instead of Mrs. Christie's. Do you accept that or not? You don't have to accept it just because I say so.

THE WITNESS: Well, I am not a handwriting expert. I thought it to be Mrs. Christie's but I could be wrong. It could be Susan Reaper's as well.

MR. KNAZAN: Q. Well, when you are answering Mr. Lamek, you refer to the conversation with Mrs. Christie when she said that she took the blood pressure. Was it the fact that you thought it was her handwriting that reminded you of that conversation or was it the conversation that made you recognize the handwriting or can you make that distinction?

A. I can recall standing at the desk asking Mrs. Christie when she came out of the room what the pressure was and how was the baby, and she told me. Now, I believed it to be Mrs. Christie's handwriting when I was asked by Mr. Lamek.

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Q. Did she come out of the room with Susan Reaper, do you recall that?

A. I don't know.

Q. Do you recall being with Mrs. Christie in Allana Miller's room shortly before she arrested at which time you sat the baby up and she gave you a smile?

A. I recall being in the room with Bertha, Mrs. Christie may have come in, she may have been there at the foot of the bed, she wasn't assisting us though.

Q. You don't recall being alone with Mrs. Christie?

A. No, I don't.

Q. And the baby sitting up and smiling?

A. No.

Q. Just shortly before the arrest?

A. No.

Q. Just turning to another point. Mrs. Trayner, do you now have reason to believe that Mrs. Christie knew, in 1982, where your husband was stationed as a Warrant Officer?

A. I thought she did, yes.

Q. Do you remember the evidence





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you gave at the Preliminary to that effect?

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A. No, I don't.

4

Q. I will just refer you to it,  
it is Volume 6, page 1239. Mr. McGee asked you:

5

I'm sorry, the Court said "I'm sorry".

6

"A. Everyone knows my husband is in  
the Army."

7

8

I am reading line 26:

9

"Q. (Mr. McGee) Do they know where  
he is stationed?

10

11

A. Yes, Mrs. Christie I think  
knows because it is in her area."

12

What did you mean by that?

13

14

A. Well we lived in the same  
area, we do live in the same area. She was at Royal  
York and Queensway or something and I was at  
Islington and Bloor, so it could have been that.

15

16

17

Q. Did you have any conversation  
with her ever as to where your husband was stationed?

18

19

A. I thought - yes I did, we  
were down by the Exhibition in the Fort York Armouries.

20

21

Q. Had you told Mrs. Christie  
that is where he was stationed?

22

A. Yes.

23

Q. Do you recall when you had

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that conversation?

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A. No, I don't. It would have to be after - he went to the Royal Wedding and he was an Honour Guard for the Royal Wedding and the girls at the Hospital knew that, and I would have told them then, they had known by then.

Q. But you don't remember a specific conversation in which you conveyed that information to Mrs. Christie?

A. No, I don't.

Q. Now Mr. Percival showed you that letter on Thursday, which is Exhibit 397, and he asked you quite pointedly if either then, or now, you had any idea of whether anyone, male or female in that Hospital caused such animosity towards you that they would send you what was in effect a poison pen letter?

A. Yes.

Q. Do you remember him asking that question and you saying "No".

A. Yes.

Q. Did you at that time, or ever - did it at that time or ever occur to you that the police may have sent you that letter either to trick you or to see what you would do with it?







Trayner, cr.ex.  
(Knazan)

1  
2 MR. YOUNG: Does my friend have any  
3 evidence for suggesting that the police engaged in  
4 that sort of criminal activity. I don't think he  
5 fully realizes what he has said. I would ask for  
6 you to consider it --

7 THE COMMISSIONER: Those sort of  
8 questions in Commissions such as this, unless there  
9 is some basis for it are a limited - I can't say that  
10 I can stop you. If you want to ask that, you are  
11 asking whether it occurred to her, you are not  
12 asking whether it was or not, so you can theoretically  
13 get away with it without having any basis whatever  
14 for making the suggestion. You know what happens?  
15 At least that is one thing we have learned from  
16 this Commission.

17 MR. KNAZAN: This is the position I  
18 take.

19 THE COMMISSIONER: I can see the head  
20 lines "Police accused of sending letter to Phyllis  
21 Trayner", I can see it now.

22 MR. YOUNG: Mr. Commissioner, if I  
23 might add, time and time again in this Commission  
24 we balanced whether or not a certain question or  
25 evidence might be more prejudicial than relevant.  
Surely the police have some rights in this Commission





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as well?

THE COMMISSIONER: Well they have. However, you have now put the question and I don't know what I can do about it.

MR. STRATHY: I don't really care too much about the sensitivity of the police in this matter, but I don't think it advances your Inquiry at all, Mr. Commissioner.

THE COMMISSIONER: It certainly might in Phase II I suppose. Oh, don't forget it is after the date, so it doesn't help at all.

MR. KNAZAN: It is my position, but if it does give people trouble including yourself I won't persist in it.

THE COMMISSIONER: What I was going to ask you is the next time try and reach that conclusion before the question is asked.

MR. KNAZAN: No Mr. Commissioner, I don't withdraw one inch, I resent Mr. Young's submission.

THE COMMISSIONER: Have you some evidence that you can give us that the police did in fact send that?

MR. KNAZAN: No I don't, but I would like to address, I would like to defend the question.





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THE COMMISSIONER: Yes, all right,  
go ahead.

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MR. KNAZAN: First of all I did not  
suggest --

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MR. BROWN: If I might interject.  
I think Mr. Knazan's position is more than appropriate.  
We have heard on a couple of occasions allegations  
made by counsel, once by the Attorney General, and  
now we have the introduction of this letter, and  
there has been no proof or any foundation whatsoever.

THE COMMISSIONER: I don't remember  
the occasion but perhaps you --

MR. BROWN: One involving Janice  
Brownless and Mr. Olah has already addressed that  
to you.

THE COMMISSIONER: I am sorry, what  
was that occasion, I don't remember. But perhaps  
you can --

MR. BROWN: Mr. Olah took it that  
there was a suggestion that Miss Brownless had made  
a comment to Miss, I forget, somebody at the  
Scarborough Hospital that she didn't want to get  
involved in the police investigation, she didn't  
want to give answers. At that time when the question  
was asked there was no basis whatsoever to suggest,







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it had in fact been made.

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MR. YOUNG: Let's stop there, that is not the case. That comment was made by that particular nurse to the police in an interview, it was put to the witness and that was quite a fair way of proceeding.

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THE COMMISSIONER: All I would like to suggest is that before we make allegations against anyone, any other counsel, the police, the nurse, a doctor, anyone, that there be some basis for the question, some basis for it, that's all, it is something for you to consider. However, you say there is a basis for this.

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MR. KNAZAN: Well, may I address it?

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THE COMMISSIONER: Yes, certainly.

MR. KNAZAN: I would like to address the points raised by both Mr. Young and yourself suggesting that the question is improper and I did not consider it before making it.

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THE COMMISSIONER: Yes.

MR. KNAZAN: First of all I did not allege anything against the police or Mr. Percival in putting the question. It is not the criminal --

THE COMMISSIONER: It is not a question of fact whether you allege anything against the







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police you are - nevertheless the suggestion comes  
out.

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MR. KNAZAN: In the same way Mr.

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Percival suggested that a nurse wrote it, and with  
every possible nurse that could have written it he  
never put it to any --

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THE COMMISSIONER: His argument was  
on the basis that it sounded like a nurse, that is  
what he put, in the question.

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MR. KNAZAN: That's right.

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THE COMMISSIONER: And he can do that.  
There is nothing really on the face of this that  
suggests that the police have written it.

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MR. KNAZAN: Well, if I could just --

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THE COMMISSIONER: You think there is?

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MR. KNAZAN: I don't want to be drawn  
into that.

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THE COMMISSIONER: Well - okay.

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I think to defend the police now so  
I can abuse them later, that's all.

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MR. KNAZAN: What I was suggesting the  
police had done, in my respectful submission, would  
have been perfectly proper. That is the Supreme  
Court of Canada has said that it is perfectly proper  
for the police to use tricks in the course of an

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2 investigation. Then at the end of the Court, this  
3 is Mr. Justice Lamer in Rothman, the Court can decide  
4 whether the tricks amount to such an overstepping of  
5 the bounds. So I was not suggesting anything  
6 improper had been done. I thought the answer might  
7 at least be as relevant as the whole topic was when  
8 raised by Mr. Percival. If you are of the opinion,  
9 Mr. Commissioner that --

10 THE COMMISSIONER: I hate to disagree  
11 with the Supreme Court of Canada but it won't be  
12 the first time I have disagreed with them. I don't  
13 think much of this kind of letter even if it was  
14 written by the police.

15 MR. KNAZAN: If you think it won't  
16 help you I won't press the point.

17 THE COMMISSIONER: If you think you  
18 can prove it was written by the police it may have  
19 some --

20 MR. KNAZAN: No, no, that is not the  
21 point. I wasn't suggesting I could prove it was  
22 written by the police. If this witness thought that  
23 it was or wasn't it may have been relevant to the  
24 Inquiry that everybody else has been pursuing.

25 THE COMMISSIONER: If this witness  
thought it was written by the police it might have





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been what - it might be relevant to this Inquiry?

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MR. KNAZAN: Yes.

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THE COMMISSIONER: Why?

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MR. KNAZAN: Well if she - I don't want to get on to what went on between her and her lawyer, that she told the police that she received it.

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THE COMMISSIONER: Yes.

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MR. KNAZAN: So had the police been sending it to her in order to see what she would have done with it it might be relevant to the effect of that, as to what she thought before she gave it to the police.

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MR. YOUNG: How would that have relevance to how and by what means the children died? Mr. Commissioner, this is fanciful and very prejudicial. I think my friend has alluded to the fact that there is absolutely no basis for this question or for the allegation he is making and I ask you that you not allow it.

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MR. BROWN: If I might address the second part of my objection. I am concerned for the general principle you have enunciated in a public forum such as this Inquiry, allegations without any basis whatsoever should not be put to a







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2 witness because they can be highly prejudicial and  
3 might in fact be publicized. Last week when Mr.  
4 Percival put this letter in --

5 THE COMMISSIONER: It went in without  
6 objection, no one objected to the letter going in.

7 MR. BROWN: I am not Mrs. Trayner's  
8 counsel, I am addressing the principle of putting  
9 in this bit of evidence and the comments you have  
10 been addressing to Mr. Knazan. The letter was put  
11 in and was taken rightly or wrongly by the media  
12 as truth of the contents thereof. There was no  
13 basis given whatsoever by the police that was,  
14 they introduced no evidence to show that they  
15 investigated the letter and they did leave the  
16 suggestion that it may have been written by a nurse.  
17 That sir is prejudicial, and if that game is going  
18 to be played by the police then they have to bear  
19 the heat when it is turned against them unless they  
20 are prepared to call the evidence to show it was  
21 an entire hoax.

22 THE COMMISSIONER: I would like to  
23 tell you, I waited for an objection to that letter  
24 and no objection came. I didn't have to wait for  
25 an objection to this question, it came immediately  
and I am responding to it, and I am responding to





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it now.

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Now, Mrs. Trayner, you will find this strange, the question was addressed to you and now at least 20 people have answered, and you are being given the chance, are you pressing the question?

MR. KNAZAN: No I just wanted to complete my argument as to the relevance because you suggested I had not considered it before.

THE COMMISSIONER: No, I am not abusing you, I am trying to rule on whether the question is proper or not, but if you are not going to press it I don't have to make the ruling.

MR. KNAZAN: The other relevance I thought it might have was if this witness thought it was the police at that time that could be relevant, because in the letter it said that someone said "I saw what you did twice". If she accepted that line that maybe she did something twice, but if it occurred to her that somebody else wrote it this is a trick, it would show that there was never anything she did twice to be worried about. That is the basis on which I thought it was relevant.

THE COMMISSIONER: That all has to do with argument, but you are not now pressing the point?





Trayner, cr.ex.  
(Knazan)

1603

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MR. KNAZAN: I am not pressing the  
question.

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THE COMMISSIONER: Thank you. I am  
sorry about that, Mrs. Trayner, you get no chance  
to argue.

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THE WITNESS: Okay.

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MR. KNAZAN: Q. I would just like to  
finish with your assessment of Mrs. Christie which  
you gave to Mr. Percival.

A. Okay.

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Q. Did you see the evaluation  
done by Liz Radojewski on Mrs. Christie on February  
1981?

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A. No, I didn't.

Q. Would you as team leader have  
any input into that evaluation?

A. I would have, yes.

Q. I just want to show it to  
you because I don't believe it was presented as  
an exhibit. There on the first page under "Strengths  
besides some other strengths which I think you agreed  
with.

A. Yes.

Q. Liz Radojewski has put "Reports







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S and S promptly to team leader. Assessment skills."

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And I am advised that S and S is  
Sciences and --

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A. Yes.

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Q. So is it fair to say that  
your assessment of Mrs. Christie strengths and  
on that point differ from Mrs. Radojewski?

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A. When I had said that I meant  
she gave very good bedside nursing care, but she is  
a nursing assistant therefore she wouldn't have the  
expertise of a registered nurse in assessing children.  
I didn't mean it as a slight or a disadvantage to  
Mrs. Christie.

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Q. So that was in the context of  
the weakness of assessment as opposed to a registered  
nurse?

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A. Yes.

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Q. Not as opposed to another  
registered nursing assistant?

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A. The only other one was Janet  
Brownless and she was a new nursing assistant learning  
paediatrics and learning cardiology.

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Q. So as a registered nursing  
assistant you had no complaints with Mrs Christie's  
assessment skills?

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A. No.

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MR. KNAZAN: Thank you very much.

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THE WITNESS: Thank you.

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THE COMMISSIONER: Thank you, Mr.

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Knazan.

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Mr. Olah.

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CROSS-EXAMINATION BY MR. OLAH:

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Q. Mrs. Trayner, my name is

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Olah and I act for Janet Brownless. I wanted to

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clarify at the outset with you ma'am, a couple of

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things you mentioned with respect to my client during

13

the cross-examination by Mr. Percival. One point

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you told the Commissioner that on Tuesday afternoon,

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that is after the Cook death, that you had a

16

telephone conversation with Susan Nelles and you

17

thought that Susan Nelles said:

18

"How did Janet Brownless get dragged  
into this because Janet wasn't really  
part of the team."

19

A. Yes.

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Q. Do you remember giving that

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evidence?

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A. Yes.

23

Q. That was in reference to the

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fact that Janet Brownless had also been asked not

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to come in on Sunday night?

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A. Yes.

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Q. And of course Brownless, as

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we have heard already was not a member of your team?

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A. That's right.

7

Q. She floated between your team

and Marie Mandal's team?

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A. Yes.

9

Q. And in fact we have also heard

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evidence from Liz Radojewski which suggested that

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my client was off your team and on other teams more

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often than she was with your team, is that your

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recollection also?

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A. She started at the beginning on other teams. She seemed to be working more with us I guess January, February.

Q. Yes, but there was an analysis put in, and Mrs. Radojewski reviewed that analysis which seemed to suggest that the ratio was something in the range of 2 to 1 with respect to her working on the Mandal team as opposed to her working on your team? Is that something that accords with your recollection?

A. Well, I didn't do any statistics on Janet Brownless so I really can't ...

Q. All right. But in any event were you wondering also why Janet Brownless was being dragged into this matter?

A. I thought of it after Susan had mentioned it.

Q. And that is because she hadn't joined the Hospital staff until late August of 1980?

A. Right.

Q. And because she really wasn't working with your team all that often?

A. Yes.

Q. And in fact do you now know that Miss Brownless was present for six of the







CC.2

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Category A and B deaths?

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A. Yes.

4

Q. And does that thought or question

5

of why Janet Brownless was dragged in, does that still  
linger or rest with you at this time?

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A. I guess I thought it was because

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she was working that weekend when we were told not to  
come in, with Justin Cook's death.

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Q. All right. Did that thought,

10

that question, stay with you why Janet Brownless in

11

view of her joining the Hospital in late August and

12

her working so often with the Mandal team?

13

A. Not really, no.

14

Q. Okay. Now I would like to

15

clarify another area with you if I may. Where a nurse  
is assigned to do vital signs on a patient, on a child,

16

is she obliged to make a record, that is note it in

17

the Hospital record itself?

18

A. No, she is not.

19

Q. She is not? However, if someone

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is assigned would you expect that some vital signs

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would be noted in the Hospital record?

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A. Yes.

23

Q. And would you expect then that

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whoever made entries into the flow sheet would in fact

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CC.3

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be the nurse that was assigned to take vital signs?

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A. Not all the entries.

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Q. But if none of the entire's are

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in that nurse's signature can we be clear that she  
was not assigned to take vital signs on the child?

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A. Yes.

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Q. Is that common logic; common

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sense?

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A. Yes.

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Q. All right. Because you will

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recall in the Miller chart, and Mr. Knazan just spoke

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to you about it, and let's go back to page 35 and 36

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again for a moment - you have already indicated to

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the Commissioner that the entry at page 36 - let's

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go back a little further - the entry at 8 p.m. (that  
is 2000 hours) was an entry by Susan Nelles?

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A. Yes.

17

Q. And that the next entry at

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2100 hours (9 o'clock) in the evening is also an

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entry by Susan Nelles?

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A. Yes.

21

Q. And the next entry, that is

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what, 2200 hours, is it?

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A. Yes.

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Q. Who was that by?

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CC.4

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A. Susan Nelles.

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Q. Okay. And at 2300 hours

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(11 o'clock), that is your entry? You have already  
told us that.

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A. Yes.

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Q. And at 2345 I think you have

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told us already that that is an entry by Susan Nelles?

8

A. Yes.

9

Q. And at the next entry, 2400

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hours or midnight, is an entry that was made by you?

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A. Yes.

12

Q. And the next entry, 1 o'clock,

13

was also made by you?

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A. Yes.

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Q. And then we have had some

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dispute as to who made the unrecorded entry, but as  
far as you are aware it is either Mrs. Christie or  
possibly Susan Reaper?

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A. Yes.

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Q. And that the final entry at

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1:45, complete entry, was made by you?

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A. Yes.

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Q. Do you know who made the entry

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at 2:10?

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A. I did.

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CC.5

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Q You did? So that none of those entries were made by my client?

A. That's right.

Q And so from that and from what you told me before, that where a nurse or registered nursing assistant makes no entries can we assume that in fact Miss Brownless was not assigned to take vital signs on that child that night?

A. She may not have recorded any vital signs.

Q Well --

A. But she may have taken a heart rate.

Q Well, that is not the question. Remember, I asked you if there are no entries can we safely assume that that nurse was not assigned to take vital signs, and you said that's correct. Do you remember that?

A. I thought you meant in the chart.

Q That's right, in the chart. Do you remember answering in that regard?

A. Yes.

Q All right. Now we have seen that none of the entries are in my client's writing.







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She made none of those entries. Can we assume from that she was not assigned to take vital signs with respect to Allana Miller on the night of her death?

A. We can assume that she was not assigned to take the vital signs.

Q. All right. And is that your recollection there, after having gone through the record and after having looked at those entries?

A. I can recall Janet Brownless taking an apex for Allana Miller when the alarm was going off.

Q. Okay. But the question I am asking is can we assume from these entries that Janet Brownless was not assigned to take vital signs that night?

A. Yes.

Q. Okay. You see because I was troubled by that because you have said earlier that in fact you had assigned Janet Brownless to do that very thing. But now in reviewing the record we can be fairly clear that in fact she was not so assigned? Am I correct in that?

A. Could I clarify?

Q. Please, by all means.

A. I think my evidence was that





CC.7

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I had asked Janet Brownless to take vital signs on another child in 418 for Susan Nelles.

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Q Okay.

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A. And I would take the vital signs on Allana Miller; that she was assigned to help take care of the children when Susan Nelles was off the floor.

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Q Okay. That was the point I wanted to make. Janet Brownless was assigned to take vital signs on a child in 418?

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A. Yes.

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Q Correct? And not on Allana Miller?

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A. Yes.

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Q Because mistakenly or erroneously there was that impression left that in fact Janet Brownless was assigned the task of taking vital signs on Allana Miller. But we are clear on that now, are we? Correct?

19

A. Yes.

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Q And in fact I take it from all the entries that we see in your handwriting that you in fact assumed that role that night?

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A. Yes.

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Q Now I would like to cover some





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terrain that I have already covered with other witnesses, but we are clear that Janet started on August 25th at the Hospital. That's the day she first started work at the Hospital. You were aware of that, were you not?

A. I am now.

Q. Okay.

A. I knew it was in August. I didn't know the date.

Q. From the WIN sheets when you returned initially you were working long nights. Do you want to have the assistance of the WIN sheets as we go through this? Exhibit 334 and 335.

Now if you turn to the week of September 22nd to the 28th which is the 14th sheet --

THE COMMISSIONER: Of which exhibit?

MR. OLAH: That is the one relating to 4A, Mr. Commissioner, which is Exhibit 335.

THE COMMISSIONER: For what period again, please?

MR. OLAH: That is September 22nd, sir, to September 28th.

Q. You will see, Ma'am, that when you returned from your honeymoon on the 24th day of September, you commenced working long nights?







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A. Yes.

Q And Janet at the same time was working long days?

A. Yes.

Q And in fact the first time that the two of you worked together was on Monday, September 29th?

A. Yes.

Q And the next day you again worked long days together.

THE COMMISSIONER: Sorry, I have on September 29th - at least I have on page 35A that Mrs. Trayner was ill.

MR. OLAH: I am sorry, to me I thought that meant TL. Is that ill or team leader?

THE WITNESS: Team leader.

THE COMMISSIONER: Team leader, I beg your pardon. I take it back.

MR. OLAH: Q So you worked two days together?

A. Yes.

Q And then you didn't work together until October 13th?

THE COMMISSIONER: Why would they put team leader on when they already had team leader?





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MR. OLAH: You will recall, sir, that Miss Nelles was acting team leader while Mrs. Trayner was away, and I assume that they were --

THE COMMISSIONER: But you see when they had capacity or whatever it is - is it capacity?

MR. OLAH: Yes.

THE COMMISSIONER: Or category of team leader, why do they put on TL twice? Is there some reason for that?

THE WITNESS: It is not a very good reason but it could be that Susan Nelles may have been team leader on that Monday and Tuesday, but she was not and I was. It is just to keep a record of who was in charge that day.

THE COMMISSIONER: Well, this really doesn't make an awful lot of difference but I would have been inclined to put team leader only if it were contrary to the category, not if it was in accordance with the category.

All right. Thank you.

MR. OLAH: Q. In any event the first time that you worked long nights with Janet Brownless was on Monday, October 13th. Do you see that?

A. Yes.

Q. And between those two dates





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(that is the 30th of September and October 13th) the  
two of you were on opposing teams?

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A. Yes.

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Q. So I guess the first time you  
really got the measure of Janet was when you started  
working long nights together and you spent some time  
observing her?

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A. Yes.

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Q. Okay. And do you agree with  
Miss Nelles that it was very evident that Miss  
Brownless was very inexperienced in cardiology?

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A. Well, as I said before she was  
a brand new nursing assistant and new to paediatrics  
and cardiology.

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Q. So when you started working  
with her on long nights in mid October at that time  
it was evident to you that Miss Brownless was quite  
inexperienced in cardiology?

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A. She was inexperienced, but she  
knew when to come and get help.

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Q. No, I am not suggesting that  
she didn't, but it was evident that she was a stranger  
to paediatric cardiology?

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A. Yes.

(2)

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Q. Do you agree with Susan Nelles'





CC.12

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assessment that it takes a substantial period of time to acquire the familiarity with paediatric cardiology to be comfortable in the area and knowledgeable?

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A. Yes.

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Q And Miss Nelles suggested that it took close to one year to acquire the kind of sophistication in paediatric cardiology that would make someone comfortable in that setting. Is that your experience also?

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A. Yes.

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Q Thank you. Now I would like to explore a slightly different area with you, ma'am. I am a little confused and I was hoping you can help me in an area that we have heard about, and that is shared nursing care.

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Was it your experience that generally children on shared nursing care would be in the same room?

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A. Yes.

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Q And also we have heard evidence and I was wondering if this was your experience also --

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THE COMMISSIONER: I would like to go a little farther. Was it not invariable that they were in the same room or was it some times they were







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in different rooms?

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MR. OLAH: Perhaps I could help,

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Mr. Commissioner, if I may?

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THE COMMISSIONER: Are there instances  
where they were in different rooms?

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MR. OLAH: Well, you will recall  
Miss Costello testifying that always the children had  
to be in the same room. That was her evidence, and  
that was about the point that I was going to make.

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Q. Is that your experience also  
that shared care meant the same room?

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A. Yes. I can't recall them being  
in a separate room.

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Q. And it meant having two patients?

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A. Yes.

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Q. Okay. And Miss Costello told  
us, and I don't know if this is your experience also,  
that in a shared nursing care situation the nurse  
that was assigned to shared nursing care always had  
to be relieved. She could not leave the room unless  
she were relieved. Is that your experience?

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A. That is the way it was supposed  
to be, yes.

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Q. And in fact that is the way it  
was while you were team leader I suggest?





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A. Well, there were the occasional times when the nurse may go out for something else.

Q. Like you explained in constant nursing care, momentarily?

A. Yes.

Q. But certainly lunch breaks, coffee breaks, any extended period of time a nurse would relieve the shared nursing care nurse?

A. Yes.

Q. And it was always a registered nurse that was assigned to a shared nursing care situation? That is the evidence we have heard so far. Do you disagree with that?

A. No, I don't.

Q. Okay.

A. It would be.

Q. And the evidence also seems to indicate that it would be an RN, a registered nurse, who would relieve the nurse assigned to shared nursing care duty. Is that your experience?

A. Yes.

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Q. Now, Miss Nelles also told us, and I wonder if you agree with this, that usually when you had a shared nursing care situation you had one child that was quite ill, very ill, and you had one child that was light, that is, not so ill. Was that your experience also?

A. One child needed more care than the other child would, yes.

Q. Substantially more care; that's the evidence we've heard, is that true?

A. It didn't warrant constant care.

Q. Yes. So that what we had really was a hierarchy of nursing care, that is, the most serious or constant, if I may put it, care was of course constant nursing care, correct?

A. Yes.

Q. And then the next level down would be the shared nursing care situation?

A. Yes.

Q. And then you would have situations in which, like, I think, Manojlovich is one example where a nurse would have two babies that the babies would be in different rooms. Would that be sort of the next level of care?







DD2

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A. I don't understand that she was on two separate rooms, I don't really know of Manojlovich.

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Q. Well, there would be instances in which a nurse would have only two children assigned to but that the children would be in separate rooms?

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A. If the child was in isolation, yes.

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Q. Yes. And then you would have the normal situation where you would have a nurse assigned to five children?

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A. Yes.

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Q. Okay. Now, nurse Scott told us that normally, or very often, in a shared nursing care situation the children would be side by side. Was that your experience, ma'am?

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A. It would be ideally to have them side by side but they didn't have to be.

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Q. But normally is that what you found that the children were side by side?

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A. Yes.

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Q. In fact, Mrs. Scott told us that in the situation of Baby Gardner the child, the light child, Gardner was the heavy child if I may put it that way, the light child was right next to Gardner.





DD3

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Is that your recollection?

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A. I can't remember that baby, but

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she is probably right.

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Q. All right. And would it be

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fair to say that in a shared nursing care situation

7

something in the order of 80 to 90 per cent of the

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nurses time would be spent with the heavy child,

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that is, the child that was seriously ill?

A. Yes.

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Q. So that for instance Mrs. Scott

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told us that in the case of Gardner if someone were

12

to give nursing treatment, someone other than the

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nurse that was assigned to shared nursing care, that

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would be something that would be very obvious and

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visible, would it not?

A. Yes.

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Q. Okay. So, it would be virtually

17

impossible in a shared nursing care situation for

18

someone to give an unauthorized dose of medication,

19

would it not?

A. Yes.

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Q. And in that regard shared

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nursing care is similar to constant nursing care

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because of the kind of care and attention the critical

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ill child would be getting. It would be impossible to

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DD4

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give unauthorized medication without being noticed?

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A. If the nurse was in the room,

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yes.

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Q. Well, you have told us there

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would have to be a nurse with that child at all times;

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do you remember telling me a little earlier?

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A. Except I told you momentarily.

9

Q. Momentarily?

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Now, I have noticed that in the constant

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nursing care situation, even where for instance --

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well, would it be the team leader generally that would

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relieve. We have seen in Estrella and in Cook that

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you relieved. Would that be normally the situation

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that in constant nursing care a team leader would

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relieve?

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A. Well, it would depend on the

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assignments for the night.

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Q. Okay. So, for instance, if your

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assignment was light, say you had no patients or one

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patient and the other registered nurse on the floor

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would have four or five patients would it be your

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duty to relieve?

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A. It would be my duty to ensure

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that a break was given.

Q. Okay. Well, would you not, as





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we have seen in the constant nursing care situation,  
would you not relieve in those cases?

A. I may, yes.

Q. Okay. Well, wouldn't it  
probably be you, or, say, Nurse Scott was the only  
nurse on the floor beside the nurse in charge of the  
shared nursing care patient and Nurse Scott had four  
or five children, whereas, you had no assignment or  
maybe one assignment that you would relieve?

A. Yes.

Q. Okay. And we have already  
heard from Miss Nelles, and I don't know if you have  
any experience in this where 4B nurses never  
came over and relieved on constant nursing care on  
the 4A side?

A. No, I don't remember them ever  
relieving.

Q. Okay. And I assume similarly  
they would never relieve on the 4A side on shared  
nursing care?

A. I can't recall that, no.

Q. Well, you can't recall that  
every occurring?

A. No.

Q. During the nine months that







DD6

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we are dealing with?

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A. Yes.

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Q. Either when it was shared  
nursing care or constant nursing care?

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A. Yes.

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MR. OLAH: Mr. Commissioner, I see that  
we are approaching the magic hour, would this be  
an appropriate time.

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THE COMMISSIONER: Yes, it would be  
an appropriate time but I am just wondering about  
that last answer. Maybe I have got this wrong. You  
say the 4B nurses would never - but supposing a 4B,  
regular 4B nurse were relieving on 4A, would it be  
unreasonable for the 4B team leader to relieve the  
4A nurse?

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THE WITNESS: It's not unreasonable.

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THE COMMISSIONER: I thought I heard  
you say that sometime, or someone say that you had  
relieved Susan Nelles when she was helping on 4B,  
am I wrong on that?

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THE WITNESS: I had stayed with Susan  
with Kevin Pacsai because the team leader --

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THE COMMISSIONER: Well, Kevin Pacsai  
is the one I had in mind. Did you not relieve her  
then?





DD7

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THE WITNESS: I didn't relieve her.

I stayed with her because Mary Jean Halpenny, the  
team leader, was very busy that night.

THE COMMISSIONER: Oh, I see.

MR. OLAH: You will recall sir, that Pacsai  
was not a constant nursing care or shared nursing  
care patient.

THE COMMISSIONER: Oh, I beg your  
pardon, you are right. But you would not normally  
even if Susan Nelles or Sui Scott were relieving  
on 4B you would not ever relieve them if they were  
on constant nursing care, is that what you are saying?

THE WITNESS: I haven't in the past.

THE COMMISSIONER: You wouldn't expect  
the team leader, even if you had a relieve nurse,  
the 4B team under your charge, you would not expect  
to relieve her rather than have her as a regular team  
leader, is that right?

THE WITNESS: Yes.

THE COMMISSIONER: Do you want to take  
your break now?

MR. OLAH: I thought this might be  
an appropriate time.

THE COMMISSIONER: Yes. All right,  
we will take 20 minutes now then.

--- Short Recess





DD8

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--- Upon resuming

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THE COMMISSIONER: Yes, Mr. Olah.

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MR. OLAH: Q. Mrs. Trayner, I would like to discuss a different subject matter with you. We have heard evidence that members of the 4A team receive reports separately from the members of the 4B team. Is that your recollection?

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A. Yes.

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Q. And from that I assume we can draw the inference that generally team members on the 4A side would have little or no knowledge of the medical condition of babies on the 4B side?

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A. At the time of report, no.

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Q. Well, throughout the course of the nine months, unless a nurse had dealt with that child previously, would I take it that a nurse on the 4A side would have no knowledge other than general knowledge as to the status of a baby on the 4B side?

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A. If we had known the child before and had been admitted to 4B then we could ask how the child was doing.

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Q. All right. But other than a previous admission do I take it that for instance a nurse on the 4A side wouldn't know about the status of a child on the 4B side?







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A. Only if the team leader on 4B was concerned then she may voice her concerns to me or to another nurse on the other side.

Q. Well, I was going to come to that. But generally as the matter of rule if there was no previous admission a nurse from the 4A side would have virtually no knowledge of the medical status of a child on the 4B side?

A. Right.

Q. Okay. Now, you told us already and you have just mentioned now, that you on the other hand would have some knowledge because you and Bertha Bell communicated about children that you had concerns about?

A. Yes.

Q. So that if there was a critically ill child on 4B side you would know that there was concern about the status of that child?

A. Yes.

Q. But you probably would not know the precise clinical picture of that child, would you?

A. No, not unless Bertha Bell had told me.

Q. Okay. However, with respect to the children on your side, because you read all of





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the charts almost every night, you would have detailed knowledge of the clinical condition of each child on your ward?

A. Yes.

Q. Now, I am not clear about this but do I take it that a nurse would have some knowledge on 4A about all of the children because she would be present at report but would not have detailed comprehensive knowledge of the child because she would not be reading normally charts of children other than those she was assigned to care for?

A. She would be getting the report, like all of us would get it, in the same room and she would get the relevant information.

Q. It would be up-to-date information as to what was happening with a child on the shift previously?

A. Yes.

Q. But in order to have a comprehensive picture of the clinical condition of the child she would have to read the chart?

A. Yes.

Q. Okay. Now, nurses have read the charts pertaining to their own children but not to other children, is that correct?





DD11

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A. Yes.

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Q. So, really, the only person on the ward who would have full and comprehensive knowledge of all of the children would be you because you reviewed the charts every night?

A. Yes.

Q. By the way, I take it that you never read the charts with respect to Pacsai and Hines because they were 4B babies?

A. That is correct.

Q. And I guess you would not have known that they had normal hearts?

A. No, I didn't know that.

Q. But you did know from Bertha Bell that there was concern about Hines and Pacsai, about their condition?

A. It was Mary Jean Halpenny.

Q. From Halpenny?

A. I didn't know that there was a concern with Hines.

Q. All right.

A. Baby Hines.

Q. But you did know about the concern relating to Pacsai?

A. Yes.





DD12

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Q. Okay. Good, now I would like to explore another area with you that is called hourly rounds. You have told Mr. Lamek that it was your normal practice to do hourly rounds. Do you remember giving that evidence?

A. Yes.

Q. And I take it that this was in addition to the rounds you made with, say, the night supervisor, Mrs. Johnstone who would come down, what was it, twice a night?

A. She would come down for one round, one full round and then on her second round it would be to look at the children that were on her nursing sheet.

Q. Okay. So, she would not visit every child on the second round?

A. Not really, she didn't have to.

Q. Okay. Now, I take it that when you referred to hourly rounds you were referring to rounds in addition to rounds you made with the supervisor?

A. Most nights, yes.

Q. Okay. And by hourly rounds I take it that you meant that you would try to visit each patient, certainly the critically ill patients







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on an hourly basis?

A. Yes.

Q. And I think you have told us that this would involve actually going and assessing and looking at the child?

A. That and talking to the nurse that was assigned to the baby.

Q. And you also told us that -- by the way, did that entail five or six hourly rounds during the night or would it be more. Can you give us a number?

A. It would probably be about 10 .

Q. About 10 times?

A. Yes.

Q. And you have told us already that this would take several minutes because you would assess the child and speak to the nurse?

A. Yes.

Q. Okay. So that one would expect to have you or see you in a particular room at least a dozen times a night, bearing in mind your initial round, your rounds with the nursing supervisor and the 10 rounds that you have told us about?

A. Yes.





DD14

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Q. Am I correct on that?

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A. Yes.

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Q. Now, you have also told us,  
or you told Mr. Lamek, that sometimes when you made  
your rounds, these are your hourly rounds, the nurse  
wouldn't be in the room?

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A. Yes.

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Q. And I take it in that case  
you would still assess the child?

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A. Yes.

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Q. Okay. And I take it that from  
time to time it may occur that there were no nurses  
in the room and you would have to assess all of the  
children by yourself?

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A. That's a possibility, yes.

15

Q. Okay.

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THE COMMISSIONER: The nurses ordinarily  
wouldn't be far away?

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THE WITNESS: No.

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THE COMMISSIONER: I haven't heard of  
anyone having lunch or a break anyone but at the  
nurses station?

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THE WITNESS: Yes.

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THE COMMISSIONER: It was rarely that  
they went any place else, at least at night?

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DD15

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THE WITNESS: That's right.

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THE COMMISSIONER: Well, I take it,  
and please correct me if I am wrong, that if there  
was no nurse there would there not be anything wrong  
to find the nurse and say, how is the child or something  
like that?

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THE WITNESS: Yes. There is a fluid  
intake sheet that we looked at on Thursday.

9

THE COMMISSIONER: Yes?

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THE WITNESS: Those sheets I kept at  
the bedside.

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THE COMMISSIONER: And you can look  
at those?

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THE WITNESS: And they have their  
vital signs done and how much they took, so, I would  
check those sheets.

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THE COMMISSIONER: And if there was  
any problem presumably you would go to the nurse and  
say, how is the baby, or the baby seems sick to me  
or something like that.

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THE WITNESS: Yes. If there are  
problems feeding the child than the time before that  
then I would ask her how the baby is feeding now or  
was he irritable and couldn't settle.

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Q. Now, ma'am, did you have a







DD16

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general routine as to the times at which you would  
do these rounds? Was there a set routine?

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A. No, there wasn't a set routine  
it would be after report.

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Q. That would be about 8:00 o'clock?

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A. Quarter to eight, 8:00 o'clock,  
depending on how long.

8

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Q. All right. And when would the  
next round be? Would it be on the hour, 9:00 o'clock,  
10:00 o'clock?

10

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A. Either just shortly before  
9:00 or after checking the medications with everybody  
at 9:00 o'clock and then going around to see them  
and that at 10:00 o'clock most of the children would  
be settled, so, I would go around at that time to see  
that all the children were settled for sleep.

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Q. And then you would go around  
once at 11 o'clock?

A. I would make a quick round  
then to see if there was any problems.

Q. And then again at midnight?

A. At midnight, that is when they  
start doing their vital signs again, so the nurses  
are usually in the rooms around that time so I go  
around again to see if there is any problems.

Q. And then you would go around  
at 1 o'clock?

A. The supervisor usually came up  
around that time, so I would have a detailed round  
with her, with the supervisor, so it was around one  
or shortly after that, yes.

Q. And then would you make a round  
again at 2 o'clock?

A. I would make another quick  
round.

Q. That would be at around 2 o'clock?

A. Yes.

Q. And then one again at 3 o'clock?

A. If there was another need to,  
yes, it would be a quick round it would not be a  
detailed round. If there was a problem at twelve,





EE.2

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or if there was a problem at two, then I would go around to see what that problem was.

Q. So you would not always make a round say at 3 o'clock in the morning?

A. I would go around to see all the children just to see if they are all still sleeping and everything is all right, but it wouldn't be a detailed going and --

Q. It wouldn't be as detailed as the one at 2 o'clock?

A. Or at twelve, yes.

Q. But you would make a round at 3 o'clock again?

A. Yes.

Q. And so on, 4 o'clock, 5 o'clock, 6 o'clock and so on for the rest of the night?

A. Yes.

Q. Now we also heard evidence that usually nurses like to take coffee breaks together, was that your experience?

A. Yes.

Q. So if there were two or three nurses in 418 they would often either take coffee or lunch breaks together?

A. If the children were not on special care.





EE.3

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Q. Constant nursing care or  
shared nursing care?

A. Yes.

Q. So it was not unusual, say if  
there was no constant nursing care or shared nursing  
care in 418 for the nurses to all go out and have  
coffee together?

A. We like to keep somebody outside  
just right at the desk, or in one of the rooms but  
it wouldn't be unusual, no.

Q. Now I would like to go back to  
what we were talking about earlier, and that was some  
of the children under constant nursing care. I am  
wonder, Mr. Registrar, if we could have Exhibit 32C,  
Tab 89? Have you got the exhibit there, Mrs. Trayner?

A. No.

Q. Page 67, sir.

A. Thank you.

Q. Have you got that, ma'am?

A. Page 67?

Q. Yes.

A. Monday, October the 27th?

Q. That's correct. No, Wednesday,  
July the 30th, it is Tab 89.

A. I'm sorry, page?







EE.4

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Q. Page 67, Tab 89.

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A. I have got Tab 89, I have got

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page 30.

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Q. Is that for the Wednesday,

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July 30th, ma'am?

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A. Yes.

8

Q. Now the night shift has Nurse

9

Kathy Armstrong PD 1930, until 7:30; Kathy Armstrong  
was a relief nurse, was she?

10

A. Yes.

11

Q. Do you recall if she was an RNA

12

or an RN?

13

A. No, I don't.

14

Q. In any event I think you told

15

us earlier that you would usually use one of your

16

regular nurses to relieve rather than a relief nurse  
off another floor?

17

A. Yes.

18

Q. So I take it that Kathy Armstrong

19

would not have been relieving that evening the child

20

Hoos who was on constant nursing care?

21

A. That's right.

22

Q. Now you remember that we talked

23

earlier about relief and such situations. I notice

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that Mrs. Scott that night had five patients and you

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EE.5

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had no patients. From our previous discussion which you indicated to me that in such instances you would probably relieve, or you would in fact relieve, can we take it that you relieved Susan Nelles that night?

A. That's a possibility, yes.

Q. Well, ma'am, isn't it more a probability that if Mrs. Scott was busy with five young patients in 418 and you had no patients, that you would relieve, ma'am?

A. Yes.

Q. And as in the case of Estrella and Cook, you will recall you told Mr. Percival that in a constant nursing care situation the child would be looked after, or would be with someone 100 per cent of the time, and I take it that applies to Hoos also?

A. Yes.

Q. So can we take it, except for maybe someone running across the hall to get a diaper or something like that, either you or Miss Nelles at all times cared for and watched Lillian Hoos?

A. Well, yes, but Sui Scott was also in that room. Now Susan Nelles could have run out and the baby could still have been cared for.

Q. I understand that, that would be for those momentary breaks that we talked about





EE.6

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getting diapers or a bottle.

3

A. Right.

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Q. But for coffee breaks and

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lunch breaks you would have relieved very probably?

6

A. Okay.

7

Q. Is that fair?

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A. That's fair.

9

Q. So that other than for those

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brief moments in which you think Mrs. Scott may have

11

been in the room, Lillian Hoos would have been cared  
for and watched 100 per cent of the time?

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A. Yes.

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Q. And I take it that as in the

14

case of Estrella and Cook, it would be virtually

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impossible for someone to administer unauthorized

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medication while you or Miss Nelles watched that baby  
all the time?

17

A. Right.

18

Q. Now perhaps we could have

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Exhibit 60, which is the medical record relating to

20

Lillian Hoos.

21

THE COMMISSIONER: I wonder, Mr. Olah,

22

why you are concerned, what is your interest in this  
baby's death?

23

MR. OLAH: Well, there is a pattern

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EE.7

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that will emerge in a moment, sir.

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THE COMMISSIONER: There is a pattern  
4 that will emerge?

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MR. OLAH: I think that might become  
6 evident.

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THE COMMISSIONER: Yes. All right.

7

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MR. OLAH: Q. Could you turn to page 71  
of that document, ma'am?

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A. Yes.

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Q. And what is the first time that  
that child got into difficulty?

12

A. 2:40.

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Q. Thank you. I would like to then  
move on to another child, and that is Kelly Ann Monteith,  
and if you would turn to page 105 under Tab 32C, that  
is Tab 89, the same tab we were looking at.

16

A. What page?

17

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Q. 105, that is Kelly Ann Monteith,  
she was on shared nursing care?

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A. Yes.

20

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Q. And that night you were in  
charge and you had three patients in 425?

22

A. Yes.

23

Q. And I take it those are older  
children?

24

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EE.8

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A. Yes, I think so.

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Q. And I take it that would be a

4

fairly light assignment then because you had additional  
duties to discharge?

5

A. Yes.

6

Q. And Mrs. Crowdis left the floor

7

at 11 o'clock that night?

8

A. Yes.

9

Q. And Mrs. Scott that night had

10

seven patients?

11

A. Yes.

12

Q. And that would be a very heavy

13

load, would it not, having seven babies in one night?

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A. It would all depend on whether

15

they were all babies.

16

Q. You had two in 418?

17

A. Yes.

18

Q. Certainly that would be a matter

19

that would consume some time having had to feed

20

babies and take their vital signs?

21

A. Yes.

22

Q. But in any event having a load

23

of seven children and babies included is a fairly

24

heavy load?

25

A. Well, it would all depend on the

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assignments.





EE.9

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Q Well, have a look at the assignments. Do you not agree that is a heavy assignment, I have never seen one where a nurse has been assigned seven patients in one night?

THE COMMISSIONER: I think we have seen that several times, have we not seen that before?

MR. OLAH: I don't believe we have ever seen seven before, sir. We have seen five but never seven.

THE COMMISSIONER: Mrs. Scott has seven on the next night too.

MR. OLAH: Yes.

THE COMMISSIONER: It seems to me that I see seven the following night from Miss McCort, I don't think it is that - eight for Miss McCort the day after that.

MR. OLAH: That may be because we are in the holiday season, sir. Generally I think if you look through it on the 4A side --

THE COMMISSIONER: All Mrs. Trayner is saying it depends on the babies, it depends on the amount of care they require.

MR. OLAH: Q Well looking at the assignments she had that night does it seem to you that it was a heavy assignment?





EE.10

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A. No, not really.

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A. That's a possibility, yes.

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Q. Would it not be a probability, ma'am, in light of your load as compared to Mrs. Scott's?

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A. I can't remember that night, or I can't tell you if I did or not.

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Q. I am not asking that. I am saying in light of the loads that the two of you had, whether it isn't probable that you relieved that night, Miss Nelles?

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A. Well, I would say that would be a strong possibility.

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A. Yes.

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Q. Do I see that that child got into trouble at 3:30 in the morning?







EE.11

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A. Yes.

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Q. Now, we know that on the

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Estrella child you have no recollection as to

5

relieving on the coffee break, but your evidence

6

from the preliminary inquiry was very clear that you

7

did relieve on the night of her death. If I could

8

ask the Registrar to turn for us, or give Mrs. Trayner

9

the medical record relating to the child Estrella.

10

Perhaps you know this without turning to the medical

11

chart itself, that the child got into trouble at

12

2:40 a.m.?

13

A. I believe so, yes.

14

Q. Would you like to have the chart

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to --

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THE COMMISSIONER: If you say so we will

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accept that.

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MR. OLAH: I want the witness to

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be confident in her answer.

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THE COMMISSIONER: Well, all right.

21

MR. OLAH: Q. Page 128, Mrs. Trayner.

22

THE COMMISSIONER: 128 of Estrella's

23

chart?

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MR. OLAH: Yes, sir.

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THE WITNESS: That's right.

MR. OLAH: Q. Now you will recall that





EE.12

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Lillian Hoos also got into trouble at 2:40 in the morning, exactly the same time that Janice Estrella got into trouble?

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A. Yes.

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Q. And they were both under constant nursing care.

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A. Yes.

Q. Does that not strike you as odd, exactly the same time both children under constant nursing care getting into trouble?

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A. I had never noticed that before.

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Q. All right. Let's turn to the long night of February 3rd, and have you got Exhibit 32A there, ma'am?

A. No, I don't. What is 32A?

Q. 32A is again the preliminary inquiry exhibits. If you would turn to Tab 13, page 87, you will have the right night.

A. I'm sorry, could you repeat that again?

Q. It is Tab 13, page 87.

A. Okay.

Q. Now again this child was under shared nursing care.

MR. STRATHY: What child are we talking about?

MR. OLAH: We are talking about Fazio, Frank Fazio.

Q. Do you remember telling Mr. Lamek that this child was under shared nursing care?

A. Yes.

Q. And do you remember being shown the back of the WIN sheets which indicated that?

A. Yes.

Q. Okay. Now that night you had no patient assignment at all, did you?







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A. That is right.

3

Q. And Mrs. Scott had how many patients? Is that four?

4

5

A. Four.

6

Q. And again in light of our previous discussions about comparative assignments, would it be fair to assume that very probably you relieved Miss Nelles that night?

7

8

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A. Again it is a fair possibility.

10

11

Q. Well, would it be probable, ma'am, in light of what we discussed earlier?

12

A. I guess so.

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Q. All right. And again as in the case of the other children we discussed on shared nursing care that would mean that you and Miss Nelles other than for momentary lapses would have that child under supervision and care one hundred per cent of the time?

18

A. Yes.

19

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MR. OLAH: Okay. Now I wonder if we could have the chart relating to Frank Fazio, Mr. Registrar.

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THE COMMISSIONER: These are matters I would think -- do you have any recollection of the Fazio matter?





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THE WITNESS: No, not really.

THE COMMISSIONER: You see why I am disturbed about this. This is all matters that if you wanted to you could put it in argument. We are not getting anything from Mrs. Trayner that we can't figure out ourselves.

The second thing that worries me is that every one of these so far your client has not been on duty.

MR. OLAH: Well again we are coming --

THE COMMISSIONER: So how does it become in her interest --

MR. OLAH: We are coming to a pattern which will culminate in Gardner and Cook when my client is there. But I am saying with respect there is a pattern here and I am hoping I can show to you - whether I can or not is another matter, but I would like to endeavour --

THE COMMISSIONER: I don't know whether it is in the interest of your client to establish a pattern involving some other nurse, that's all.

MR. OLAH: Well, because it excludes her very specifically then.

THE COMMISSIONER: Well, she is





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excluded already.

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MR. OLAH: Then I should go home,  
and I would like to.

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THE COMMISSIONER: Well, that's a  
matter for you to decide, whether you want to go home  
or not. It is not a question for me to determine.

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MR. OLAH: Well, I realize that.

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THE COMMISSIONER: The fact of the  
matter is that if your client is not concerned, I don't  
quite see why you are concerned.

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MR. OLAH: Well, I am concerned  
because there are other people that may be concerned  
and there is going to be a report, and my obligation  
is to ensure that every angle that is relevant and  
helpful to my client is covered.

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THE COMMISSIONER: Well, I am not  
so sure it goes so far as to try, if I can use an  
expression used by other people, to point the finger  
at someone else.

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MR. OLAH: I'm just trying to  
exclude the possibility of a registered nursing  
assistant ever having access to these children. If  
these children are covered one hundred percent by  
registered nurses, then in the case of Gardner and  
Cook and Estrella when my client was on, then she







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could have had no access whatsoever to these children.

THE COMMISSIONER: Well, I am not sure that because of what happens in one case it will happen in another but go ahead.

MR. OLAH: Thank you.

Q. Have you got the chart there, Mrs. Trayner?

A. Yes, I do.

Q. If you would turn to the progress note dealing with the night the child died, and for some reason I don't have the page notation, can you establish for us the time at which the child got into difficulty? My notes indicate that it was 3:30 in the morning?

A. Yes, that's right.

Q. Okay. That was exactly the same time as we have seen that Kelly Ann Monteith got into difficulty. Do you remember that?

A. Yes.

Q. So we now have two children on shared nursing care getting into difficulty at exactly the same time in the night. Yes?

A. Yes.

Q. Okay. The last child that I







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want to deal with in detail is Charlon Gardner, and if you turn to Exhibit 32A, it is the same tab, Tab 13, page 171.

A. Yes.

Q. I take it it is pretty evident that that night the only person that could have relieved on Charlon Gardner was yourself, ma'am, because there were no registered nurses other than yourself on the floor?

A. Yes.

Q. And so do you have a recollection yourself as to whether you actually relieved?

A. No, I don't remember this child.

Q. Okay. Now I tell you, Mrs. Trayner, that Charlon Gardner got into trouble at 3:45 in the morning. Would you like to see the chart that indicates that?

A. I can take your word for it.

Q. And what struck me as odd about that, and I don't know if it strikes you as odd, that is exactly the time that Justin Cook got into difficulty.

Had you ever discerned that pattern before, ma'am?





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A. No, I hadn't.

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Q. So that we have got six children and we have covered them - we have got Hoos and Estrella both on constant nursing care getting into trouble both at 2:40 in the morning. We have got Monteith and Fazio both on shared nursing care getting into trouble at 3:30 in the morning. We have got Gardner and Cook, one on shared nursing care and one on constant nursing care, both getting into difficulty exactly at the same time; namely, 3:45 in the morning.

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Given the coincidence of those times, do you in retrospect think that is unusual?

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A. I really don't know. Maybe. I have never thought of it in that way at all.

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A. Yes.

Q. And I take it again as we

discussed earlier it would have been virtually impossible for someone to give an unauthorized medication without you or Mrs. Scott knowing about it?





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A. Yes.

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Q. Thank you. Now one of the

4

things that intrigued me and that is relating to the

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Cook child, I think you said your recollection was

6

that you relieved Susan Nelles on the night of the

7

child's death for lunch anywhere from half an hour  
to 45 minutes.

8

A. Yes.

9

Q. Have you got Exhibit 396 there,

10

ma'am?

11

A. What is it?

12

Q. That is your handwritten notes

13

in relation to that night, made on March 25, 1981.

14

A. Yes.

15

Q. Now my copy is faint, but if

16

you turn to page 3, is it two o'clock about a third  
of the way down the page, ma'am?

17

A. Yes.

18

Q. And that is the time that

19

you thought on March 25th you went to relieve Susan  
Nelles?

20

A. Yes.

21

Q. And then further down the

22

page, at three o'clock Sue came back. Do you see

23

that?

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A. Yes.

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Q. So that is your best recollection I take it within some three days of the incident, that you had relieved Susan Nelles for one hour?

6

A. Approximately, yes. She had to do the vital signs first.

7

8

Q. Okay. But your recollection is that you relieved for one hour? Two o'clock to three o'clock?

9

10

11

A. Yes.

12

Q. Now I take it that based on that would it be reasonable to assume that in fact you relieved for an hour instead of half an hour to 45 minutes?

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A. Well, Susan was with me when I went in there at first because she had -- if I wrote this down, Susan did the vital signs and then Justin had a temp. and she had to place him in my arms and get the bottle, so that would take, you know, at least five, ten minutes.

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Q. So we are talking about 50 or 55 minutes?

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A. 45, 50.

Q. Well, if I subtract 5 or 10





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minutes from 60, I get 50, 55. Well, would the  
vital signs be on top of that?

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A. Yes.

5

Q. Okay. How long do the vital  
signs take?

6

7

A. Depending on what she did.  
His temperature, that's at least two minutes right  
there, and blood pressure, heart rate, respirations.

8

9

Q. Okay. Ma'am, we have now  
reviewed, you and I, some six patients who were either  
on constant nursing care or shared nursing care, and  
you have told me but for brief moments they would have  
been watched one hundred per cent of the time?

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11

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13

A. Yes.

14

15

Q. And in four cases Susan  
Nelles was the nurse in charge and in two cases Sui  
Scott was in charge?

16

17

A. Yes.

18

Q. And you probably relieved  
in all six of those cases?

19

20

A. Well, as I said, that's a --

21

Q. That's the probability as  
we discussed, isn't it?

22

A. Yes.

23

Q. And we know that in one case,

24

25





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FF11 2 the Cook case, Sui Scott wasn't there that night?

3 A. Yes.

4 Q. And in the Estrella case we  
5 know that Susan Nelles wasn't there?

6 A. Yes.

7 Q. And if we look at a seventh  
8 baby, Lombardo, neither Nurse Scott nor Nurse Nelles  
9 were on that night?

10 A. Right.

11 Q. Now I am not sure but have  
12 you ever looked at the Lombardo chart to see whether  
13 the Baby Lombardo was under shared nursing care  
14 because you see Lombardo - at least it has been  
15 pointed out to me - was assigned to one nurse with  
16 one other patient.

17 A. I didn't believe she was on  
18 shared nursing care.

19 Q. Okay. And it is interesting  
20 because that child died at 3:30 in the morning also,  
21 exactly the same time -- I'm sorry, didn't die but  
22 got into difficulty. That would be exactly the same  
23 time as Monteith and Fazio.

24 A. Okay.

25 Q. But your recollection is that  
Lombardo was not under shared nursing care?





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A. That is my recollection.

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MR. LAMEK: Mr. Commissioner, the

assignment book shows that Miss Ganassin had two

children in 418 that night; four in 425 as well. It

doesn't appear to be a shared nursing care situation  
at all.

THE COMMISSIONER: No.

MR. OLAH: May I have your

indulgence?

Q. I notice during the daytime,

ma'am - I see that Miss Mandal, is it?

A. Yes.

Q. -- had Ignas and Lombardo

in 418.

A. Yes.

Q. And she had two others on

top of that.

A. Yes.

Q. And that was similarly with

Miss Ganassin, as Mr. Lamek points out, who had

six children, so we know that Lombardo was in fact

noton shared nursing care.

A. Yes.

Q. Thank you. Now there was one

other thing that intrigued me in terms of pattern,







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and I won't take you through it but I will be  
pleased to give the information, and that is that  
we know Miss Nelles joined the team on June 18, 1980.

A. Right.

Q. We know also that she was  
on with you for 22 deaths.

A. Yes.

Q. And the thing that intrigued  
me was that --

THE COMMISSIONER: 22 of the Atlanta  
deaths.

MR. OLAH: That is the Category A and  
B deaths.

THE COMMISSIONER: Yes.





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Q. The thing that intrigues me, and I don't know if you have ever noticed this, that 15, excluding the first child Woodcock, 15 of the 21 deaths all happened on the first night that you returned to work from the previous death. Is that a pattern you have ever noticed?

A. No, it's not.

Q. That's 70 per cent of the time. Now, there were a couple of areas that I wanted to cover with you, ma'am, because they concerned my client directly. You told us, or you told the Commissioner, that on the Monday, that would be the 23rd of March, 1981, Janet Brownless was at your apartment in the afternoon. Do you recall telling the Commissioner that?

A. Yes.

Q. You see, the problem with that is that Janet Brownless didn't think she was there, that was her evidence to the Commissioner, and Meredith Frise testified at Volume 109 that Marie Mandal, Jane Partridge, Mary Jean Halpenny and herself went to your apartment.

In light of that evidence I was wondering whether in fact it is possible that Miss Brownless wasn't there in the afternoon?





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A. I thought she was.

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Q. All right.

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A. But if she can't remember  
being there...

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Q. And if Meredith Frise doesn't  
list her as one of the people being there, can we  
assume that in fact she wasn't there?

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A. Yes.

9

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Q. Okay. And that would  
probably be your best evidence in regard to that  
matter?

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A. Yes.

13

Q. Okay.

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THE COMMISSIONER: This is the  
Monday, we are talking about the Monday afternoon?

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THE WITNESS: That's right.

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THE COMMISSIONER: You say maybe she  
wasn't there? You think now she wasn't there, is that  
right?

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THE WITNESS: Right.

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THE COMMISSIONER: You don't have  
to agree with that if you don't want to.

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THE WITNESS: Well, I can't dispute  
Janet Brownless. I thought she was there. Now, I  
may be mistaken.

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MR. OLAH: Q. But we're not talking about just Janet Brownless, we are talking about Meredith Frise and Janet Brownless and in light of that evidence can you tell the Commissioner, having had your memory refreshed by those pieces of evidence, whether in fact Janet Brownless was present at your apartment?

MR. STRATHY: I don't think Mr. Olah is trying to misstate the evidence; in fact, I think the way he originally put the evidence was that Janet Brownless herself couldn't remember.

MR. OLAH: No. Her evidence was, Volume 117, page 6612, she didn't think she was there.

MR. STRATHY: Didn't think she was there, okay.

THE COMMISSIONER: I'm not --

MR. STRATHY: I don't think a lot turns on it.

THE COMMISSIONER: I don't think this is of the greatest importance, whether she was or whether she wasn't and that's why I don't want Mrs. Trayner to be bullied into the position. But I can tell you I don't really, the whole world is not going to turn on whether she was there or not. You thought until you heard that the others said she wasn't, you





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thought that she was and now you are in some doubt,  
is that it? Is that a fair way of putting it?

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THE WITNESS: Okay.

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THE COMMISSIONER: Well, you don't  
have to agree with me either. You have a perfect  
right to stick by your story if you want to, or you  
have an equal right to change it.

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THE WITNESS: Well, I thought  
Janet Brownless was there, and I think I will stay  
with that.

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THE COMMISSIONER: All right.

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MR. OLAH: Q. You think you will  
stay with that?

13

14

A. Yes.

15

MR. STRATHY: Did she pay for the  
pizza?

16

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MR. OLAH: If she can recall that,  
I would be surprised, Mr. Strathy.

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Thank you, Mrs. Trayner, for your  
patience. Those are all the questions I have, sir.

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THE COMMISSIONER: Mr. Rosenberg,  
do you have any questions?

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MR. ROSENBERG: No questions, sir.

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THE COMMISSIONER: Mr. Labow, you have,  
and would you rather start tomorrow?

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MR. LABOW: I would like to ask the one series of questions that I already brought to your attention before the end of the day.

THE COMMISSIONER: Yes, all right.

CROSS-EXAMINATION BY MR. LABOW:

MR. LABOW: Mr. Registrar, could you show the witness the Thomas chart, please.

Q. Mrs. Trayner, my name is Stephen Labow and we represent a number of the parents.

A. Okay.

Q. You indicated to Miss Symes today that with regard to Jennifer Thomas your recollection was that Nurse Radojewski spoke to Dr. Freedom and the baby was eventually transferred to the ICU.

A. Yes.

Q. Could you check over the chart and tell me if there is any indication in the Hospital record that that actually occurred?

THE COMMISSIONER: I take it from this, Mr. Labow, that you don't think it did?

MR. LABOW: No, I don't think it did, and my information from Mrs. Thomas is that the child wasn't transferred to ICU that she knew of.

THE COMMISSIONER: Is that something







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that Mrs. Trayner -- have you got an answer right away?

THE WITNESS: Well, I think I said to Miss Symes I thought it was Jennifer Thomas but in looking over it, it is Kelly Ann Monteith.

MR. LABOW: Q. It was Kelly Ann Monteith?

A. Yes.

Q. That it wasn't Jennifer Thomas who was transferred to the ICU?

A. Yes.

THE COMMISSIONER: I'm sorry, what did you say about Kelly Ann Monteith?

THE WITNESS: It was Kelly Ann Monteith that was admitted to the floor.

THE COMMISSIONER: And you had to do that by interceding with Dr. Freedom, is that right?

THE WITNESS: With Dr. Freedom, right. I'm sorry.

THE COMMISSIONER: No, no.

THE WITNESS: I confused you.

MR. LABOW: Now, Mr. Commissioner, I would rather continue tomorrow.

THE COMMISSIONER: Yes. Well, can we just do some -- I just want to know whether we should







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start early tomorrow.

MR. LABOW: I still expect to be  
about an hour, Mr. Commissioner.

THE COMMISSIONER: About one hour.  
Mr. Shanahan?

MR. SHANAHAN: Mr. Shinehoft thought  
he would be about an hour.

THE COMMISSIONER: Mr. Tobias?

MR. TOBIAS: I think about two hours,  
Mr. Commissioner.

THE COMMISSIONER: Mr. Shanahan?

MR. SHANAHAN: I can spend the night  
trying to think of one question, but I think I should  
be about fifteen minutes, a half an hour or so.

THE COMMISSIONER: Mr. Strathy?  
That finishes everybody I think.

Mr. Strathy, how long do you expect  
to be?

MR. STRATHY: I think if we have  
any re-examination it will be a half hour, no more  
than a half hour.

THE COMMISSIONER: Mr. Lamek?

MR. LAMEK: Probably not much more  
than that for me, Mr. Commissioner.

THE COMMISSIONER: So, that's five





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hours and fifteen minutes.

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MR. LABOW: I am more than prepared to come in at 9:30, Mr. Commissioner, as long as Mrs. Trayner is available.

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MR. LAMEK: You don't want to come in otherwise?

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MR. LABOW: No, I don't want to come in otherwise.

THE COMMISSIONER: I take it 9:30 doesn't disturb you? That is not a fair question. Are you prepared to come in at 9:30?

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THE WITNESS: Yes, I am.

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THE COMMISSIONER: Well, I think we had better do it just to be on the safe side.

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MS. CRONK: Sir, I'm sorry, under the circumstances may I take it then there is no need to request our next witness to be prepared to come tomorrow afternoon; five hours?

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THE COMMISSIONER: We've done this, we've been through exactly this situation before and I acceded to your wishes and it turned out --

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MS. CRONK: I can't remember if I was right or wrong.

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THE COMMISSIONER: No, we finished at noon as I remember and then we had no witness left





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GG9 2 and then I went off and sulked for the rest of the day!

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MS. CRONK: No wonder I blocked it  
4 out!

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THE COMMISSIONER: So, if you want  
6 to take a chance on another sulk, we can do that.

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MS. SYMES: Sir, may I intercede.

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THE COMMISSIONER: Yes.

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MS. SYMES: It would be very con-  
venient if this woman didn't have to come in only  
because she has an ill child. She will come but if  
it is just on the off chance that you may have an  
hour at the end --

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THE COMMISSIONER: Yes, yes. Well,  
I find your story a lot more persuasive than Miss  
Cronk's. So, she can be excused for tomorrow.

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MR. BROWN: Mr. Commissioner, there  
were rumblings that we were going to have a discussion  
about Phase II.

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THE COMMISSIONER: Yes, we are. You  
haven't any word for us yet, have you, Mr. Young?

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MR. YOUNG: No. Sir, in view of  
what just happened, I don't think we are going to  
have an opportunity to discuss that this week. We  
were prepared to discuss it Thursday but I would think  
that Monday may be a better day.







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THE COMMISSIONER: But I expect

Dr. Kauffman - I give you early warning right now  
that the only cross-examination is going to be on  
his new report, not on general grounds at all. I  
would think he would be out of the docks by Wednesday  
noon.

MR. YOUNG: Well, you will not have  
a problem with me, Mr. Commissioner. We don't have  
many questions for him, if any.





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THE COMMISSIONER: We are going to do it, Mr. Brown. I thought we were going to do it either Thursday morning or Thursday afternoon, we were going to discuss Phase II.

MR. YOUNG: Well, sir, if you think there is a possibility I will endeavour to contact Mr. Percival.

THE COMMISSIONER: Will you tell Mr. Percival that I think there is a good possibility for Thursday and ask him if he can to be prepared and I say to everyone else who wants to discuss the effects of the decision on Phase II I will try by Wednesday morning to have a list of my queries. Now, I will certainly consider anybody else's query so that we can resolve the problem - not resolve the problem but at least know what we are faced with by Thursday night. Yes, Mr. Young?

MR. YOUNG: Sir, we have no problem with that.

MR. KNAZAN: Mr. Commissioner, back in the winter when Mr. Olah made his motion --

THE COMMISSIONER: Mrs. Trayner, if you would like to - you don't have to sit there if you don't want to, you can leave or do what you will. We will see you at 9:30 tomorrow morning.





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---Witness withdraws.

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THE COMMISSIONER: Yes, Mr. Knazan.

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MR. KNAZAN: Mr. Olah made his motion about Section 5(2) of the Public Inquiries Act which resulted in his application to state a case. You said, and I don't know if I am quoting you exactly, at the end of the Commission's evidence I will decide if anyone is or isn't in jeopardy and if I find they are not I will --

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THE COMMISSIONER: I can tell you no one is in jeopardy, the Court of Appeal has seen to that, so, we don't need to give you any kind of notice at all.

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MR. KNAZAN: And then you said I will recommend - usually how a client pays a solicitor is not public knowledge but in this case it is, you said I will recommend that the province ceases funding, which would be a very positive step from some of our points of view because it would confirm that you no longer believe that any of us are in jeopardy of any finding.

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THE COMMISSIONER: No, no. It has been an induced belief that's come my way and it has nothing to do with the evidence. Now, I don't know what you want to do with that. I indicated to





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2-3 2 Mr. - somebody - I have forgotten who it was, it  
3 was Mr. Olah that it was up to him whether he left  
4 the proceedings at this time and I won't take offence.

5 MR. KNAZAN: But the only reason I am  
6 giving this gentle reminder is if we are discussing  
7 Phase II on Wednesday and Thursday then we should be  
8 discussing those that may not be around for Phase II  
9 should be known and told and their submissions may  
10 follow.

11 THE COMMISSIONER: You think we should  
12 discuss the question of who is to be present at Phase  
13 II on Thursday as well?

14 MR. KNAZAN: Yes.

15 THE COMMISSIONER: There is no harm in  
16 that. By Wednesday, what I will do I suppose,  
17 Wednesday morning I will tell you what my problems  
18 are and those people -- I think though that we are  
19 entitled, Mr. Young, to some sort of expression and  
20 perhaps Miss Cecchetto you can consider this too of  
21 the theory of the Attorney General and the Police  
22 so that we will know whether any people here are  
23 likely to be required.

24 MR. YOUNG: We look forward to having  
25 an opportunity of outlining our view with respect  
to that.







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THE COMMISSIONER: Yes. So, we will

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know and if you are not making any allegations

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against anyone then obviously they are not going

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to be required. If you are, depending on whether

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it comes under the line of misconduct maybe they

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will have to be present, I don't know.

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MR. YOUNG: We will consider that as

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well, sir.

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THE COMMISSIONER: Miss Cecchetto,  
would you consider that too?

MS. CECCHETTO: Yes.

THE COMMISSIONER: Yes, Mr. Olah?

MR. OLAH: Perhaps my friends could  
consider whether some clients of ours would have to  
come back in phase 2 as witnesses. There was some  
suggestion --

THE COMMISSIONER: Oh, well, if you  
come back as witnesses then you come back with  
counsel.

MR. OLAH: Oh, I understand that, sir.

THE COMMISSIONER: So, there is no  
problem?

MR. OLAH: There was some suggestion  
that for example my client would not have  
to re-attend and if that is the case I would be  
greatful if my friends could put that on the record,  
make that explicit.

THE COMMISSIONER: Mr. Lamek will have  
to make that decision and he may not be prepared to  
make it just immediately. We can't assure you that  
even though no allegations would be made against your  
client in phase 2 that you won't have to come back  
to give evidence because, as you know, we have had





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many, many people giving evidence in Phase I against whom no allegations of misconduct could possibly be made.

MR. OLAH: I understand that, sir, but there was some suggestions floating around that my client may not have to come back and if that decision is arrived at I would be grateful if people could apply their minds and indicate that.

THE COMMISSIONER: Yes, all right. Well, Mr. Lamek and Mr. Young and Ms. Cecchetto have heard that plea and you can respond if you can?

All right. Now, we will rise then until 9:30 tomorrow morning. On Wednesday I will certainly have some of my problems in connection with Phase II ready to present to you. On Thursday, assuming that we get through Dr. Kauffman, which I am quite sure we will, we will proceed with those arguments on Phase II.

MR. YOUNG: I don't mean to be difficult but Nurse Bucci and Palmer are also going to fit in there as well and I thought we could hear their evidence prior to having argument on Phase I. It makes no difference to me, I just want to be clear.

THE COMMISSIONER: Well, I really would like to get on with phase 2 this week even if that







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means that we are going to have to hear -- but they will not be standing by tomorrow but they may be standing by for Thursday. What's the position?

MS. CRONK: Wednesday.

THE COMMISSIONER: I'm sorry. They might well be standing by for Wednesday. What is their position, what is the position of Miss Ganassi on Wednesday, you say she is looking after a sick child?

MS. SYMES: The child is sick today, sir, yes. I presume the child will get well fast, so, I will advise her that she has to stand by.

THE COMMISSIONER: Yes. Mrs. Palmer I am told is not available, is that not right, Mrs. Cronk?

MRS. CRONK: No, sir. I would request that she stand by for Wednesday afternoon as well.

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THE COMMISSIONER: Well we certainly  
are not going to have Mrs. Ganassin here if her  
child is still sick on Wednesday but if she is not  
sick on Wednesday we might well want her that after-  
noon. All right. Until tomorrow morning at 9:30.

---Whereupon the hearing adjourned at 4:35 until  
Tuesday, May 1st, 1984 at 9:30 a.m.

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